

Name
in
Full

Margaret Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	60	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	out in Hospital			
Father's Name	Joseph Adams				
Mother's Maiden Name	No History of Disease				
Name of person giving information	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Myocardial degeneration

79

How long

years

Immediate

Pulmonary edema

How long

Are the name, age, sex, color, date and place correctly given above?

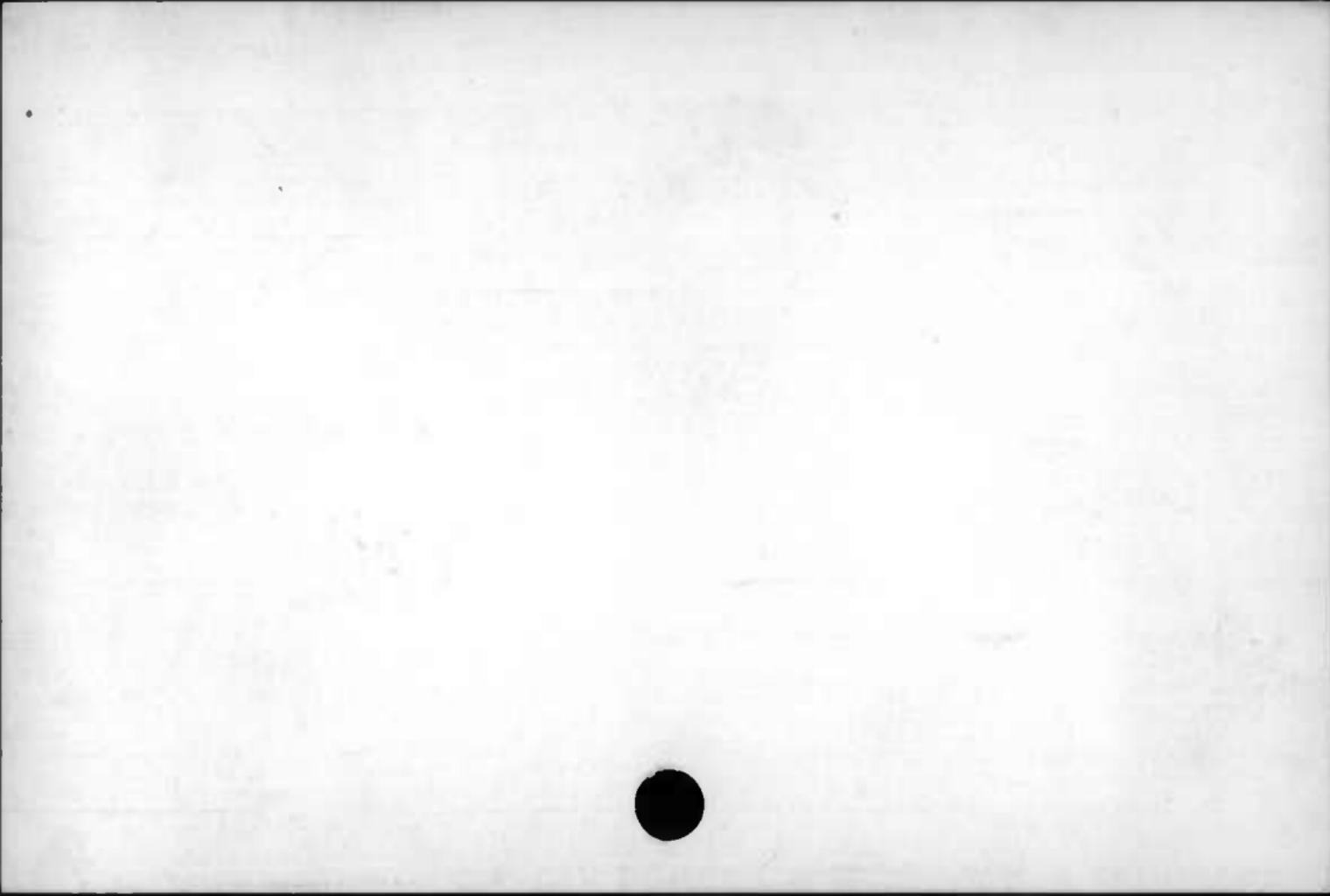
Signature of Physician

Address

Accident or Suicide?

210

McMonson
Hagerstown
Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margaret A. Alexander

CERTIFICATE OF DEATH

Died at Hagerstown Town Washington County MARYLAND
Date of death 1908 Month 8 Day 21 Years 54 Months 8 Days

Sex Female Color or Race White - Birth-place Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jonathan Alexander

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Marteney

Mother's
Birthplace

Md

Name of person giving
Information

Mrs John Clayton

How related
to deceased

Aunt

CAUSES OF DEATH

29

How long

years

8 weeks-

Primary

Inbentor Entritis

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

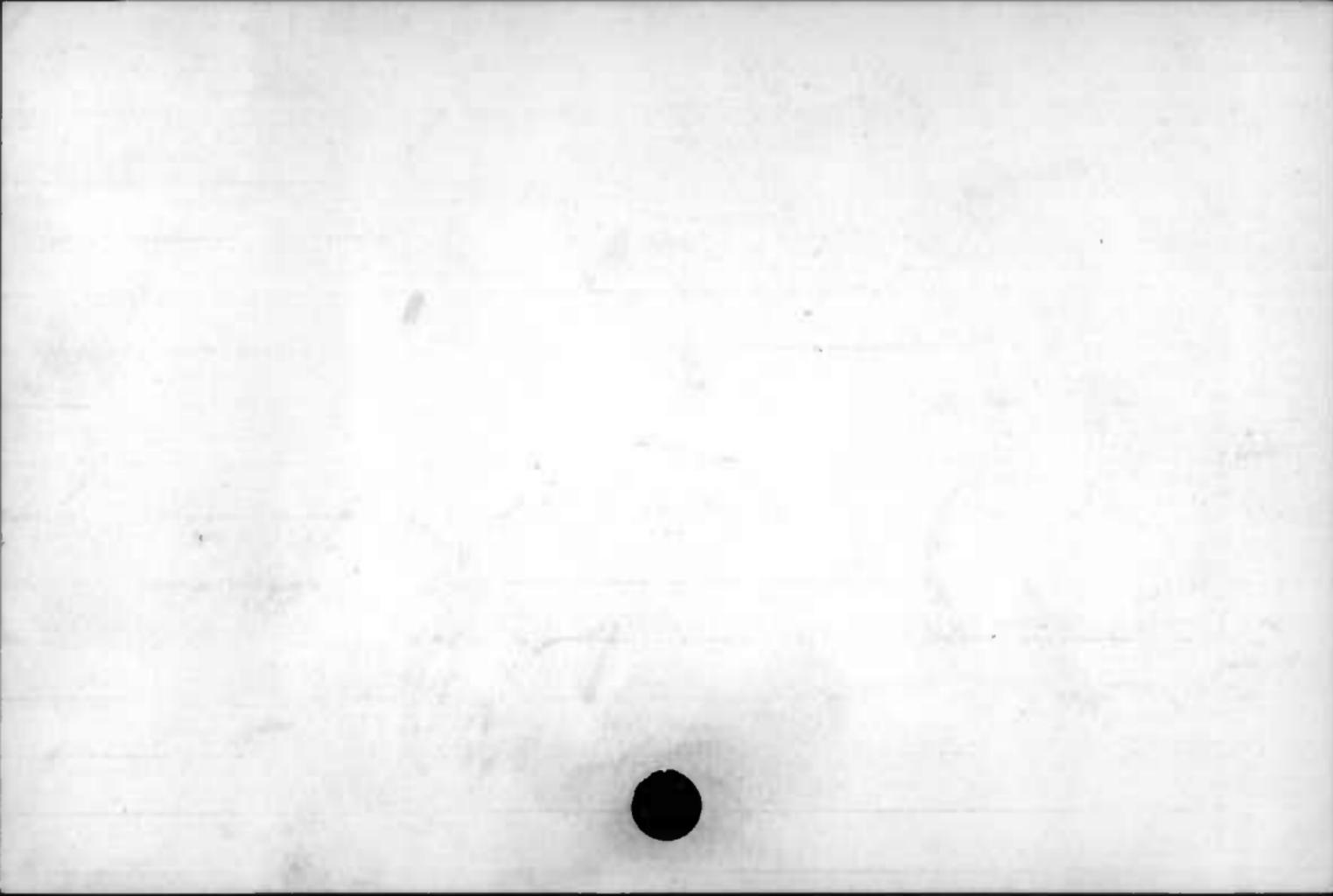
yes

Signature of
Physician

Address

J. W. Werby
Hagerstown - Md

Accident or Suicide?



Name
in
Full

Emily Edith Arnsperger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	8	31	Age	5	7
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Morris A. Arnsperger				
Mother's Maiden Name	Laura Hammond				
Name of person giving information	Morris A. Arnsperger				

CAUSES OF DEATH

61

How long

48 hours

How long

12 hours

PHYSICIAN
OR CORONER

Primary

Cerebrospinal Meningitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

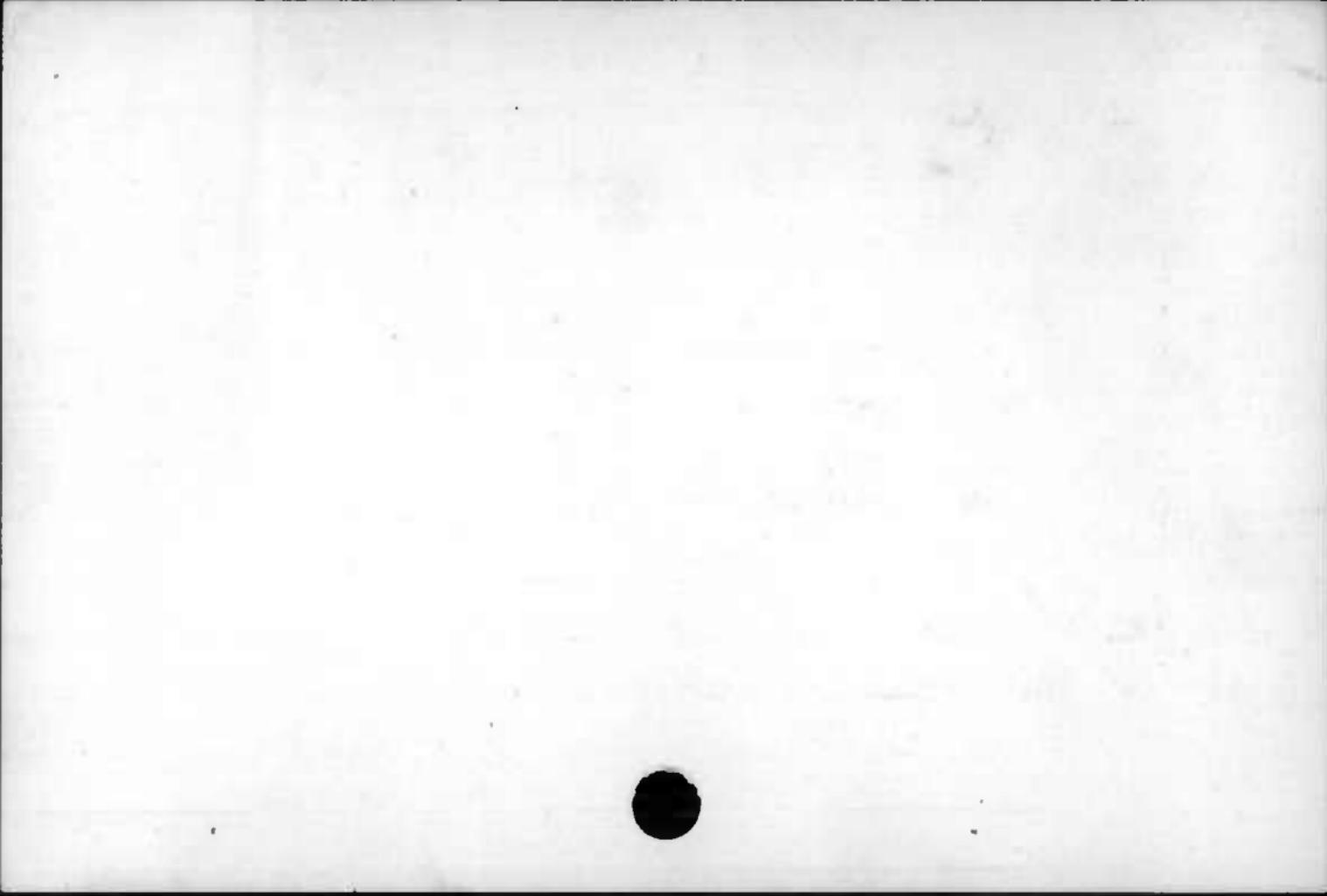
yes

Signature of Physician

Address

Clara S. Ecley
Hagerstown Md.

Accident or Suicide?



Name
in
Full

Hollowmarine Barkdoll

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Reed	Washington		Months	Days
Date of death	and Month	Day	Years	10 24
1908	August	17	Age	
Sex	Color or Race	Birth-place	Reed	
female	W			
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Joseph N Barkdoll			
Mother's Maiden Name	Rachael Shank			
Name of person giving Information	Joseph N Barkdoll			

61

How long

2 wks

How long

1 day

PHYSICIAN
OR CORONER

Primary

Meningitis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

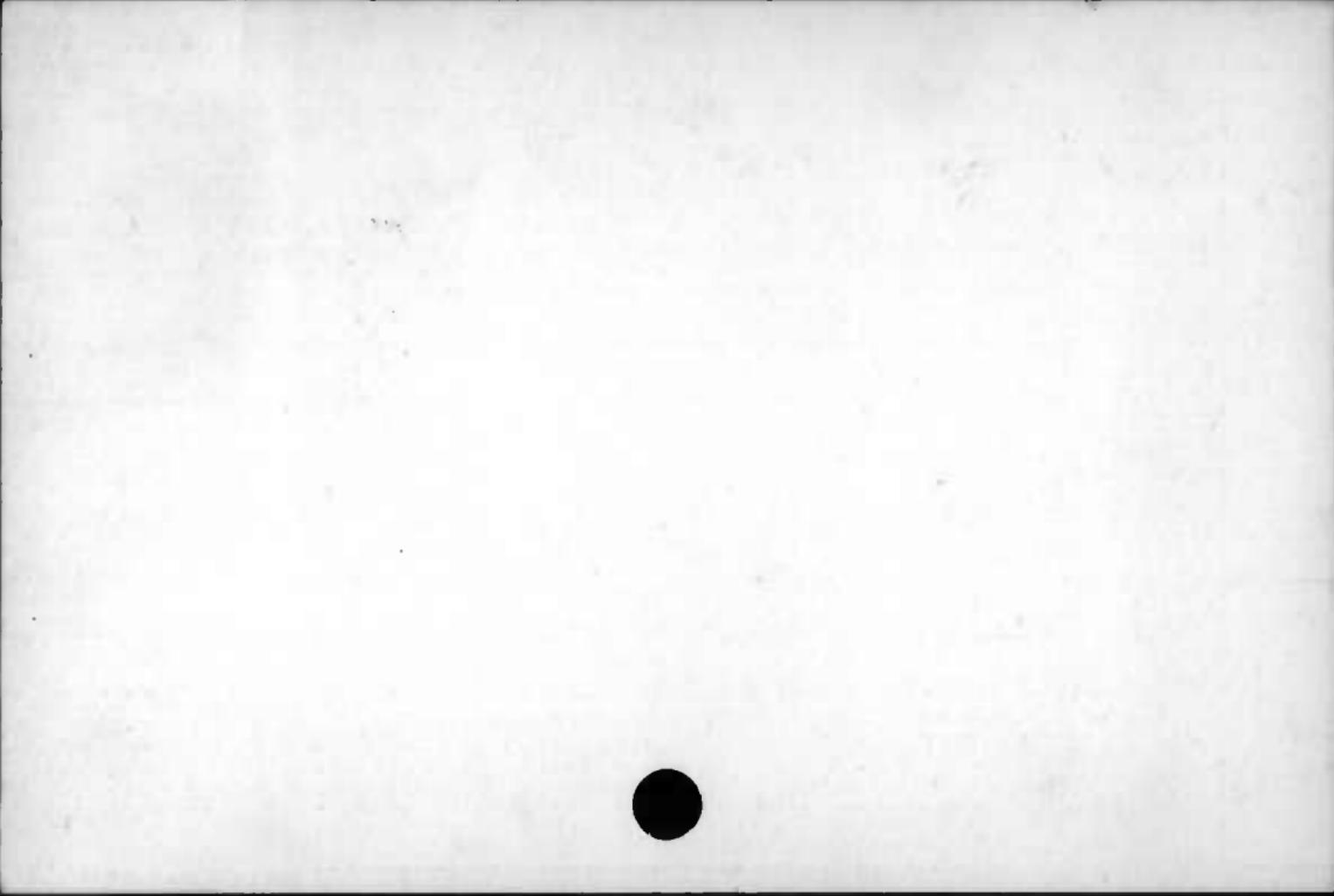
Signature of
Physician

Address

A.P. Haupper
Hagerstown Md

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Etta Sylvania Black						CERTIFICATE OF DEATH	
Died at Hagerstown			County Washington			MARYLAND	
Date of death 1907	Month 8	Day 3	Age 55	Years	Months 8	Days 26	
Sex Female	Color or Race Whit	Birth-place Md					
Occupation Housewife	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband John B Black						
Father's Name John B Peay	Father's Birthplace died in Pa						
Mother's Maiden Name Barbara A Potter	Mother's Birthplace Pa						
Name of person giving information John Black	How related to deceased Husband						
CAUSES OF DEATH						179	
Primary Surgical Operation	How long						
Immediate Shock	How long						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician						
Address	Surgical Operation						
Accident or Suicide? No over	Hagerstown Md						

Second operation removal sarcomatous mass from
breast. Death due to shock from operation

W -
Shepherdstown W Va
Aug. 7/08

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Mrs Lulu Bloom

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Died at	Hagerstown	wash.				
Date of death	Month	Day	Years	Months	Days	
1908	Aug	12	19	—	—	
Sex	Color or Race	white		Birth-place	md.	
female						
Occupation	Where Residing if not at place of death					
H. W.						
Married, Single or Widowed	Name of Wife or Husband	Albert Bloom		Father's Birthplace	md.	
married						
Father's Name	Chas E. Sites		Mother's Birthplace	md.		
Mother's Maiden Name	Fannie Cottrell			md.		
Name of person giving information	C.E. Sites		How related to deceased	father		

CAUSES OF DEATH

116

How long

10 weeks.

Primary

suppurative Peritonitis.

Immediate

short weakness

How long

few minutes

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

M.P. Miller

Address

Hag. Ma

Accident or Suicide?

no

Sister

Name
In
Full

Mary Bruehane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Mapleville	Wash.			
Date of death	Month	Day	Years	Months	Days
1908	Aug.	21	18	1	—
Sex	Color or Race	Birth-place			
Female	White	Wash. Co.			
Occupation	Where Residing If not - at place of death				
Home Girl	Mapleville				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Robt. Bruehane	Father's Birthplace	Wash. Co.		
Mother's Maiden Name	Minnie Horine	Mother's Birthplace	Fred. Co.		
Name of person giving information	Robt. Bruehane	How related to deceased	Father		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Accident - Gun shot →

How long

Immediate

Immediate Rupt. Aorta

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

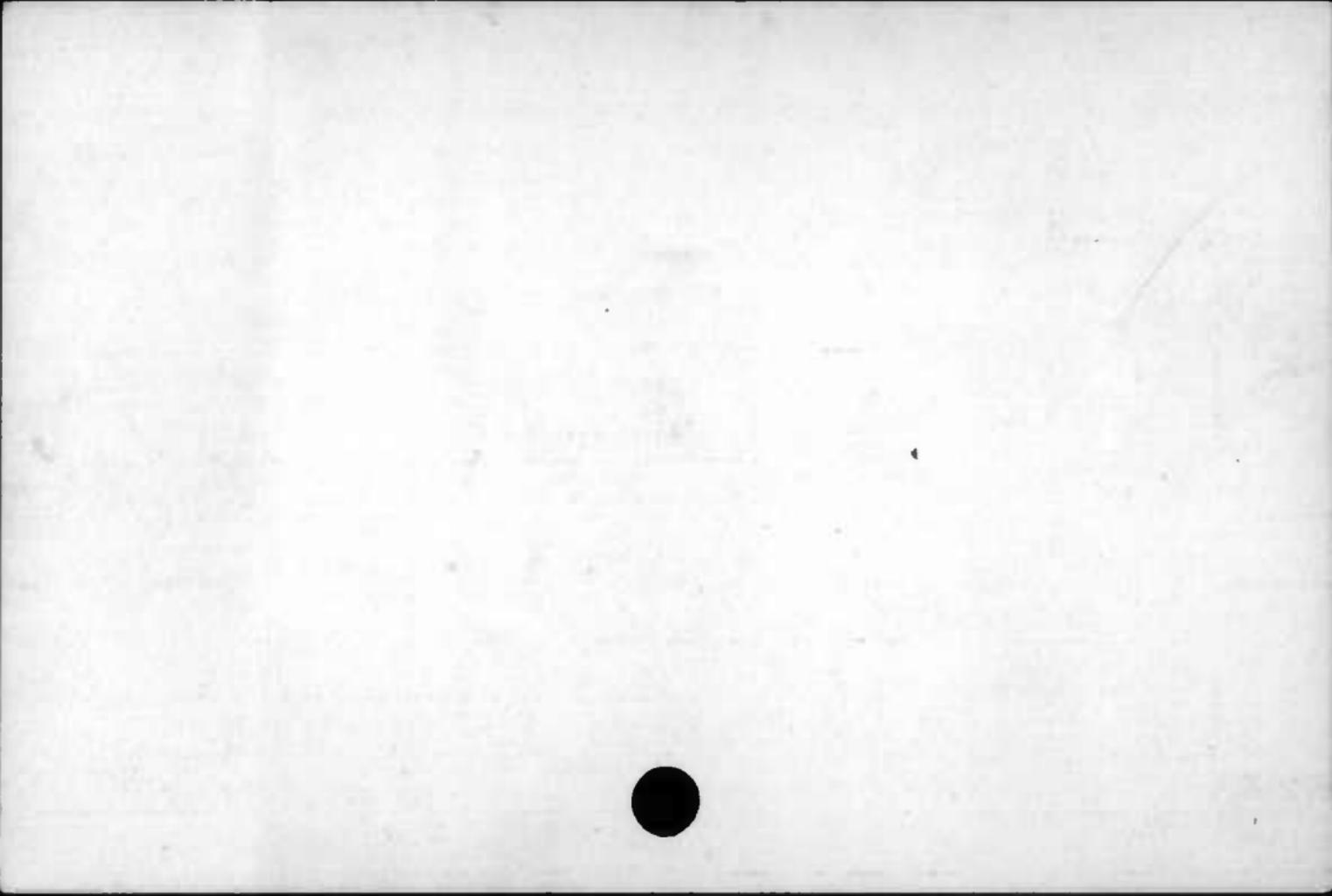
Signature of Physician

Address

S. S. Davis

Bowensboro
Md

Accident or Suicide



Name
in
Full

Mrs Alice Florence Clopper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1908	Aug	22	5 12
Sex	Color or Race	white	
Female			
Occupation	Where Residing if not at place of death		
N. W.	Wm H Clopper		
Married, Single or Widowed	Name of Wife or Husband		
married	Wm H Clopper		
Father's Name	Jacob Maynard		
Mother's Maiden Name	Barbara Greager		
Name of person giving Information	W H Clopper		

CAUSES OF DEATH

27

How long

Years

How long

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Tuberculosis

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Sermiller

Mason Dixon

Pa.

Accident or Suicide?

No

Bd ^S
Bd fdg
Aug - 25-

Name
in
Full

Mina L. Colbert.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at near Sharpsburg		County Washington		MARYLAND	
Date of death	Month Aug	Day 17	Years —	Months 9	Days —
Sex Female	Color or Race White	Birth-place Near Sharpsburg			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Benjamin Colbert	Father's Birthplace near Williamsport				
Mother's Maiden Name Annie Gray	Mother's Birthplace Antietam, Md				
Name of person giving Information Mrs Annie Colbert	How related to deceased Mother				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera Infusio

How long

11 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

How long

—

—

—

Accident or Suicide?

Chas. S. Hale
undertaker

Name
in
Full

Evelyn Grace Coyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Years	Months	Days	
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	S	Name of Wife or Husband			
Father's Name	Vincent E. Coyle		Father's Birthplace	Smithburg Md.	
Mother's Maiden Name	Cora G. Wade		Mother's Birthplace	Smithburg Md.	
Name of person giving information	Vincent E. Coyle		How related to deceased	Father	
CAUSES OF DEATH					
Primary	Cholical Infarction		How long	2 weeks	
Immediate	Peritonitis		How long	1 day	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

V. A. Coulom
Blue Ridge Springs
Washington Co.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Josephine Agnes Davis

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	59	5	8	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John A. Davis					Father's Birthplace
Mother's Maiden Name	Mary Anne Shirley					Mother's Birthplace
Name of person giving information	Mrs. Delphine					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis Cerebral

(6)

Several times

Immediate

Cardiac Failure

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

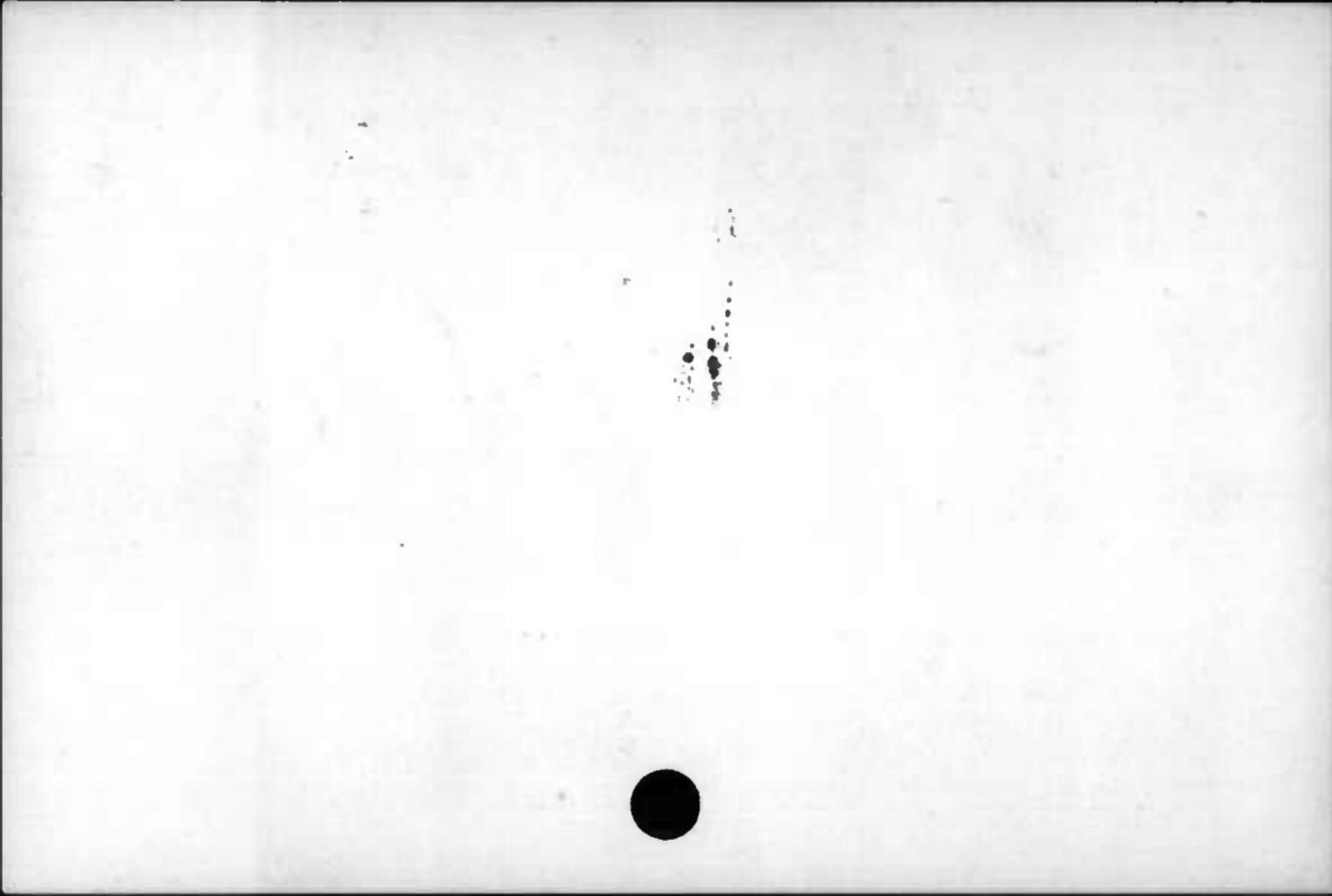
A. P. Stanger.

Address

Hagerstown

Accident or Suicide?

No



Name
in
Full

Darrie Irene Delosier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Hagerstown County Washington MARYLAND
Diad at Date of death 1908 Month Aug. Day 13 Age Months Days
Sex Female Color or Race White Birth-place Hagerstown
Occupation Where Reiding if not at place of death
Married, Single or Widewed Name of Wife or Husband
Father's Name Alexander Delosier Father's Birthplace Hagerstown Md.
Mother's Maiden Name Oddah Wolfe Mother's Birthplace Hancock, Md.
Name of person giving Information Oddah Delosier How related to deceased Mother

CAUSES OF DEATH

(15)
How long

Primary

Premature Birth

How long

Immediate

Atelectasis

Are the name, age, sex, color, date and place correctly given above?

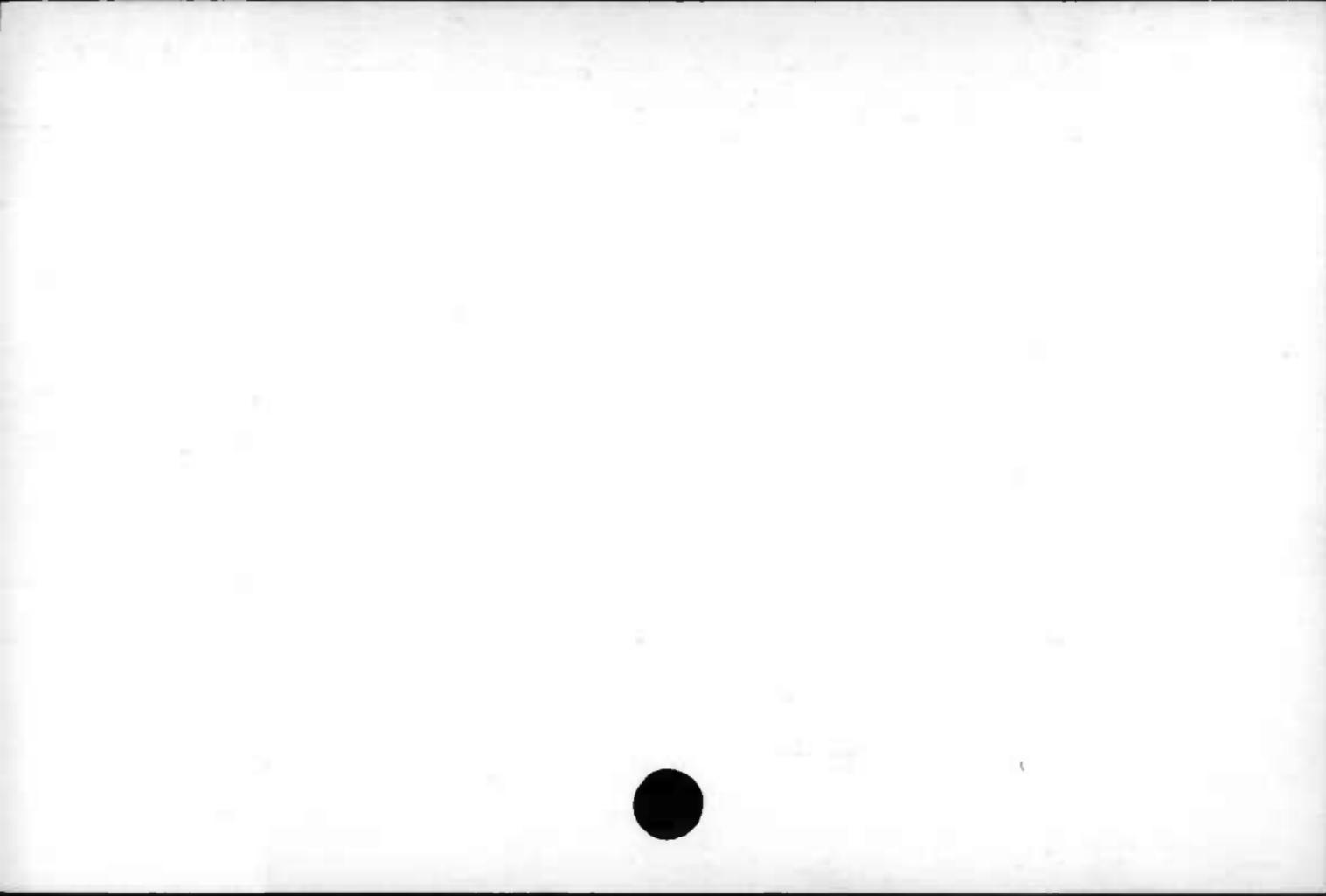
Signature of Physician

Address

Mary A. Laughlin M.D.
Hagerstown Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Cathrine E. Dennis

CERTIFICATE OF DEATH

Died at Clearspring Town Washington. County
Date of death 1908 Month 8 Day 4 Years 75 Months _____ Days _____
Sex Female. Color or Race White Birth-place Penna
Occupation Housewife. Where Residing if not at place of death Clearspring

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Samson Givler

Father's Birthplace

Unknown

Mother's Maiden Name

Cathrine Givler.

Mother's Birthplace

Unknown

Name of person giving information

Mrs W. B. Deeds.

How related to deceased

Daughter

CAUSES OF DEATH

66

Primary

Paralysis

How long

4 months

Immediate

Gradual Exhaustion

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

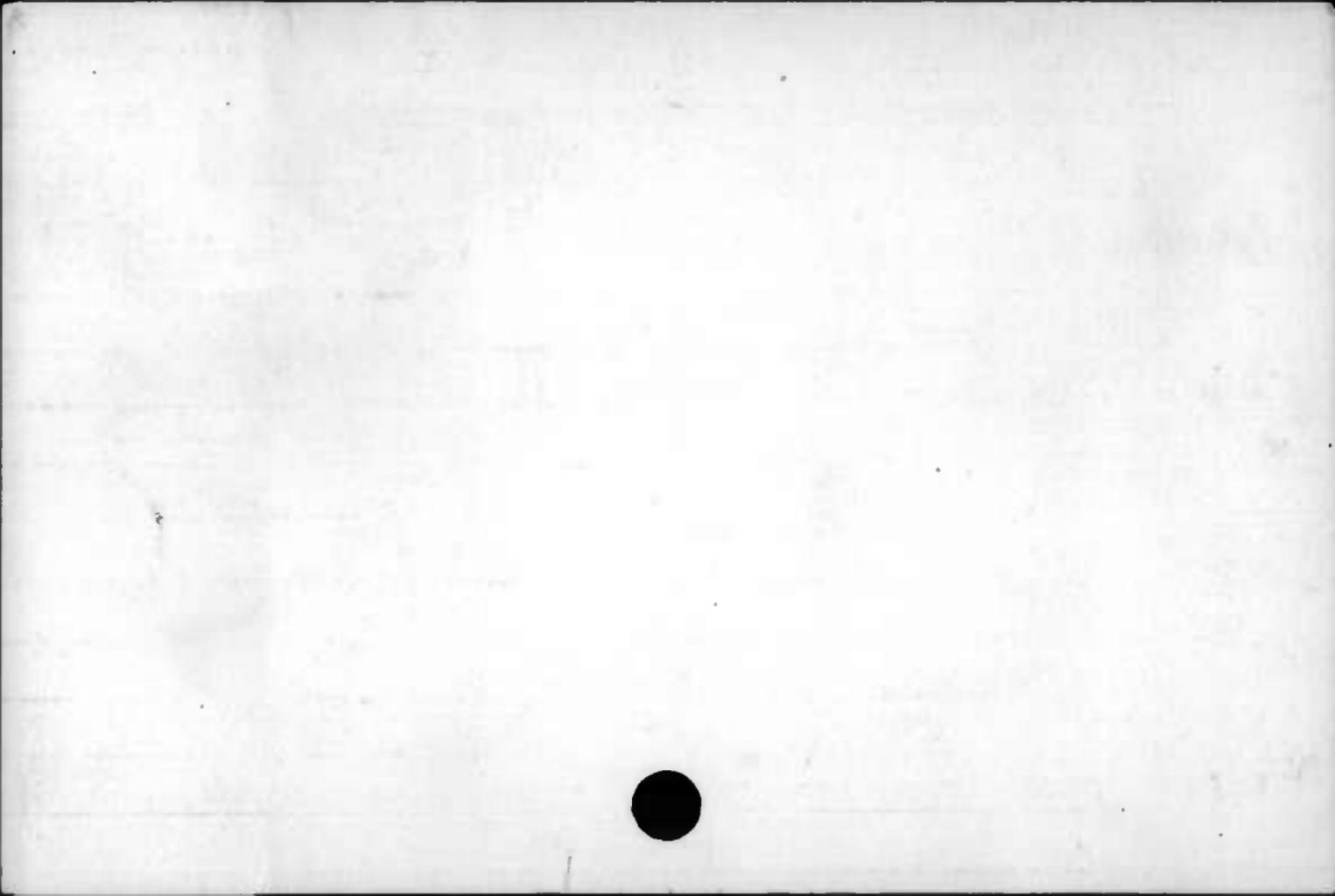
Signature of Physician

J. P. Perry

Address

Clearspring Ind

Accident or Suicide?



Name
in
Full

St. H. Brown Eberole

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Neagansville	Franklin		
Date of death	Month	Day	Years
1908	8	5	—
Age	Months	Days	—
Sex	Color or Race	Birth-place	Neagansville
Female	White		
Occupation	Where Residing if not at place of death	✓	✓
Married, Single or Widowed	Name of Wife or Husband	✓	
Father's Name	David Eberole.	Father's Birthplace	Md
Mother's Maiden Name	Mary A. Martin	Mother's Birthplace	Ma
Name of person giving Information	Mrs Sam'l. Carpenter	How related to deceased	✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	✓	S	How long
Immediate	St. H. Brown - Difficult Labor.		—
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. C. R. Miller
		Address	Hagerstown, Md.
Accident or Suicide?	No		

Abrm. Mangano
2821
Aug, 6/08

Name
in
Full

Fisk Orebough Elgin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Arthur H. Ferris.			
Father's Name	James H. Elgin		Father's Birthplace	Marshall Mo.	
Mother's Maiden Name	Lou Ella Orebough		Mother's Birthplace	Moscow Ohio.	
Name of person giving information	Anna H. Ferris		How related to deceased	No	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Malnutrition
Premature Birth -

How long

5 days
2 months

Immediate

" Malnutrition

How long

Are the name, age, sex, color, date and place correctly given above?

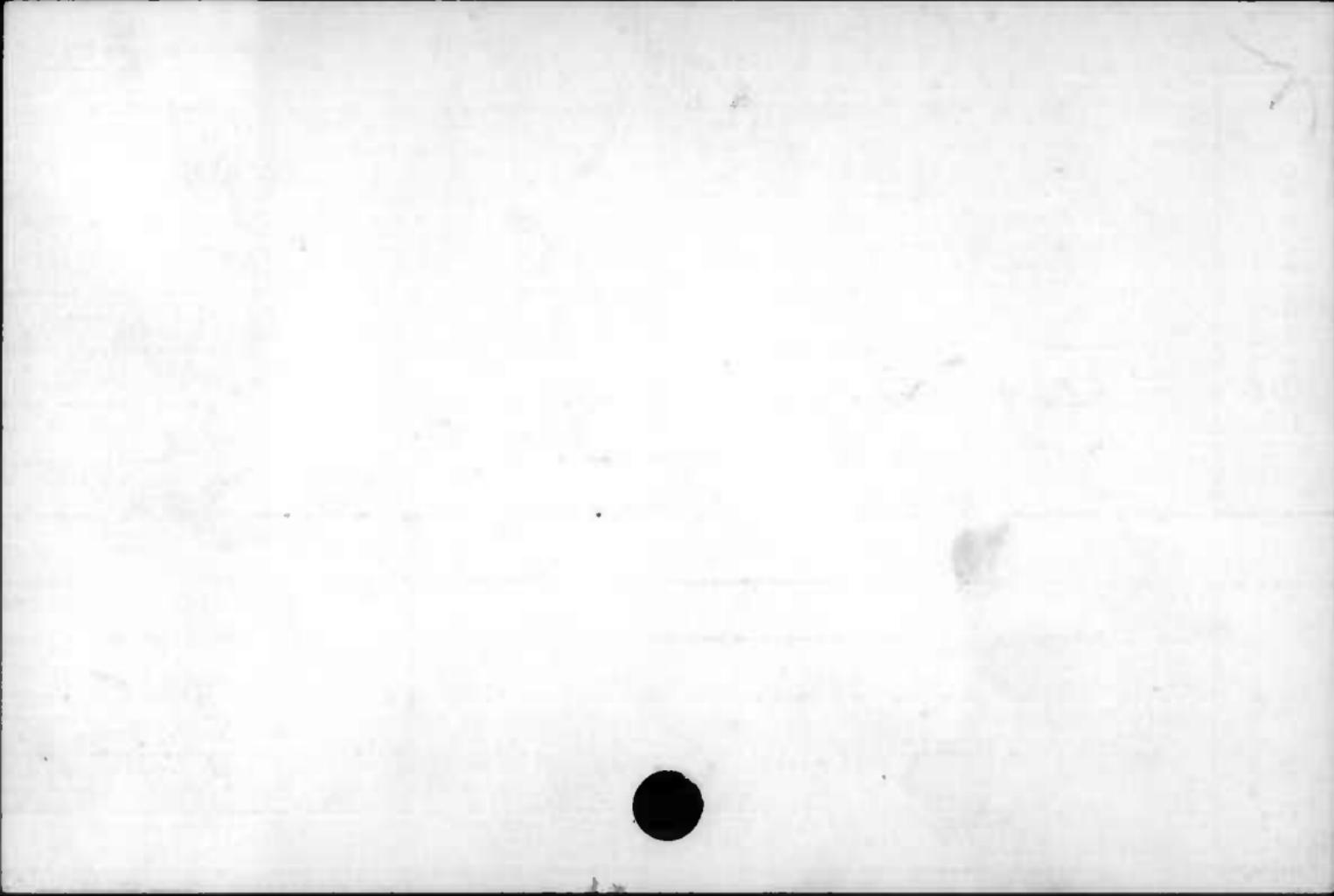
Yes

Signature of Physician

Address

Fisk Elgin
Newton
Md.

Accident or Suicide?



Name
in
Full

Margaret J. Ensminger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Willieinsport	Washington				
Date of death	Month	Day	Years	Months	Days
1908	Aug	6	60	1	1
Sex	Female	Color or Race	White	Birth-place	Allegheny Co., Md
Occupation	House wife	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry J. Ensminger	Father's Birthplace	don't know
Father's Name	Leophas Zimmerman			Mother's Birthplace	Pa.
Mother's Maiden Name	Louise Leiser			How related to deceased	Son
Name of person giving information	Henry J. Ensminger				

CAUSES OF DEATH

51

How long

3 years

How long

3 days

PHYSICIAN
OR CORONER

Primary

Eophthalmic oint

Immediate

Acute Myocardial degeneration

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Ernest V. Luther

Address

Williamsport
Md

Accident or Suicide?

J. H. Miller
Williamsport
Md

Name
in
Full

Irene Jessie Fleagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Edgewater Town Washington County
Date of death 1908 Month 8 Day 28 Years 1 Months 3 Days 14
Sex Female Color or Race White Birth-place Edgewater
Occupation _____ Where Residing if not
at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Jacob Fleagle

Father's Birthplace New Bern

Mother's Maiden Name Miss

Mother's Birthplace n

Name of person giving information Father

How related to deceased n

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

Two weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. L. Massie
Sonashbury

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Catharine Curtis Gaul			
Father's Name	do not know				
Mother's Maiden Name	do not know				
Name of person giving Information	Auguste Gaul				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis ✓

How long

two days

Immediate

Exhaustion

How long

two days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

O.W. Gaul
Neagustown Md.

Accident or Suicide?

No

S
Aug. 3/08
Phila.
2817

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Herman Gennyay

CERTIFICATE OF DEATH

Died at Hagers town		Town	County Washington		MARYLAND	
Date of death 1908	Month 8	Day 21	Years	Months	10	Days
Sex Male	Color or Race White	Birth-place Pa				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Gennyay		Father's Birthplace	Pa		
Mother's Maiden Name	Mary E Cox		Mother's Birthplace	Pa		
Name of person giving Information	Mrs Anna Cox		How related to deceased	Aunt		

CAUSES OF DEATH

179

How long

3 mo.

How long

1 day.

Signature of Physician

Address

J.R. Langhlin
Hagers town
Md

Primary

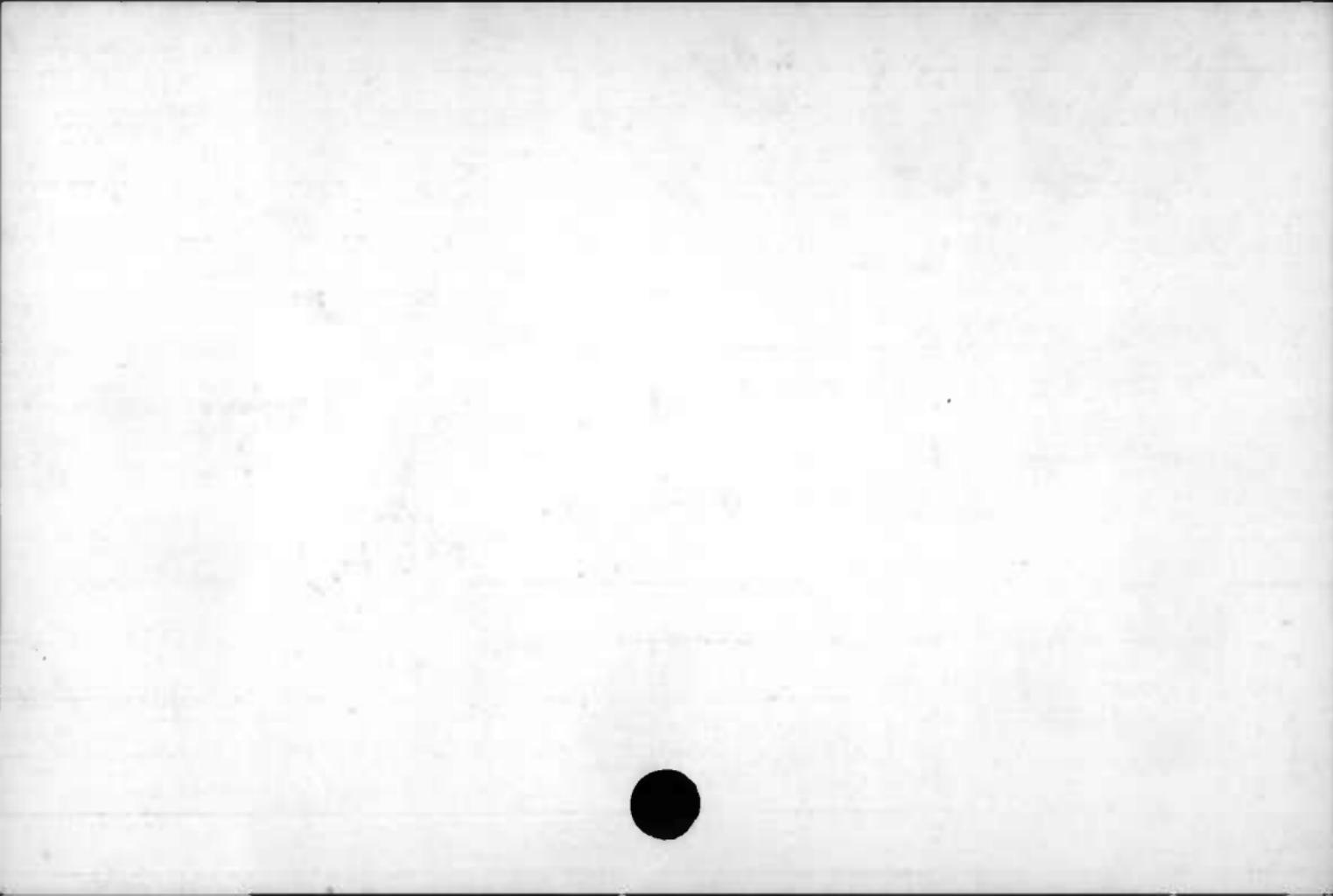
Malaria

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Fannie Gordon

CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ ^{Town} New Hancock

County

Wash.

Date

Month

Day

Years

Months

Days

of death 190

8 Aug

7

Age

3

0

Sex Female

Color or
Race

White

Birth-
place

New Hancock

Occupation

Where Residing if not
at place of death

Died at Home.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Bentley Gordon

Father's
Birthplace

Wash D. C.

Mother's
Maiden Name

Bertha Baston

Mother's
Birthplace

Wash C. Md.

Name of person giving
Information

Bentley Gordon

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Chiglary Bronchitis

90

How long

Three weeks

Immediate

Respiratory Failure

How long

not known

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Marshall J. Brown

Hancock.

Md.

Accident or Suicide?

Huntar, Gordon.

Name
in
Full

Edward Harbaugh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Longmeadow

Town

County

MARYLAND

Date
of death

1908

Month

8

Day

24

Years

—

Months

6

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Clarence Harbaugh

Father's
Birthplace

Md

Mother's
Maiden Name

Mayde Provinsinger

Mother's
Birthplace

Md

Name of person giving
Information

Clarence Harbaugh

How related
to deceased

Father

CAUSES OF DEATH

105

How long

1 day

Primary

Chloro Infarction

few hours

Immediate

Cardiac Failure

A.P. Fawcett
Hagerstown
Md

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide?

No

11

Name
in
Full

Salai Himes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	74	7	29	
Occupation	Where Residing if not at place of death					near at Home, Kiehtryste
Married, Single or Widowed	Married	Name of Wife or Husband			Eliza Himes	
Father's Name	Samuel Himes					Father's Birthplace
Mother's Maiden Name	Eliza Grim					Mother's Birthplace
Name of person giving Information	Ella Himes					How related to deceased

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Heart Disease

Immediate Cerebral Hemorrhage & Paralysis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

B. B. Parson

Address

Harpers Ferry

W. Va.

Accident or Suicide?

no



Name
in
Full

Michael Hockman,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Saunder</u>	County <u>wash</u>	MARYLAND		
Date of death	Month <u>Aug.</u>	Day <u>3</u>	Age <u>73</u>	Years	Months <u>8</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth- place <u>Virginia</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Not living</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Peter Hockman</u>	Father's Birthplace <u>va</u>			
Mother's Maiden Name <u>Rebecca Rhodes</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving Information <u>Mrs. Leach</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

178

How long

PHYSICIAN
OR CORONER

Primary
Found dead in bed

How long

Immediate
No Post mort.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

Address

L.S. Davis

Bowmwood

Md

Accident or Suicide?

28/4
28/4

Name
in
Full

Margaret Holmen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died near	Town	County		MARYLAND	
1908	Month	Day	Years	Months	Days
Sex Female	Color or Race	Age 88			
Occupation	Where Residing if not at place of death	Jeff. Co. W. Va.			
Married, Single or Widowed	Name of Wife or Husband	Helen Holmes (Deceased)			
Father's Name	Jonathan Rogle		Father's Birthplace		and
Mother's Maiden Name	Catherine Piper		Mother's Birthplace		and
Name of person giving Information	William Holmes		How related to deceased		

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Old age

Immediate

Bronchitis & pneumonia

3 days

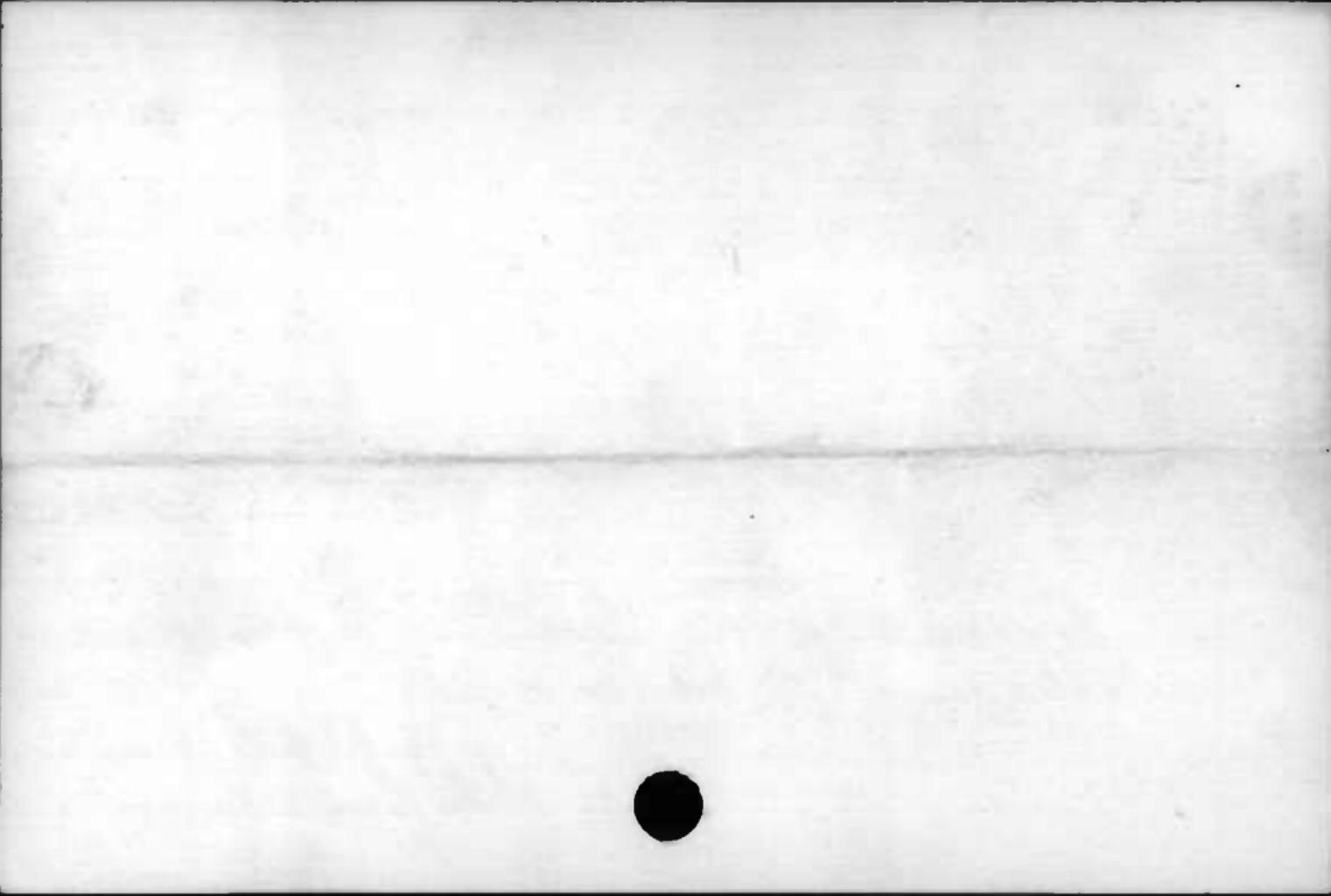
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. D. Baker M.D.
Reherserville
Md.

Accident or Suicide?



Name
in
Full

Betty Grace Householder.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Dry Run	Washington		
Date of death	Month	Years	Months Days
1908	8	5	— 14
Sex	Color or Race	Birth-place	
Female.	white	Maryland	
Occupation	Where Residing if not at place of death		
Housewife	Dry Run.		
Married, S	Name of Wife or Husband	Father's Birthplace	Maryland
—	Howard Householder.		
Father's Name		Mother's Birthplace	Penn.
William Staley.		How related to deceased	Mother
Mother's Maiden Name			
Eliza Ann Bloom.			
Name of person giving information			
Mrs Wm Staley.			

CAUSES OF DEATH

138

How long

One Week.

How long

PHYSICIAN
OR CORONER

Primary

Conception. In first

Immediate

Heraemic Involution.

Are the name, age, sex, color, date and place correctly given above?

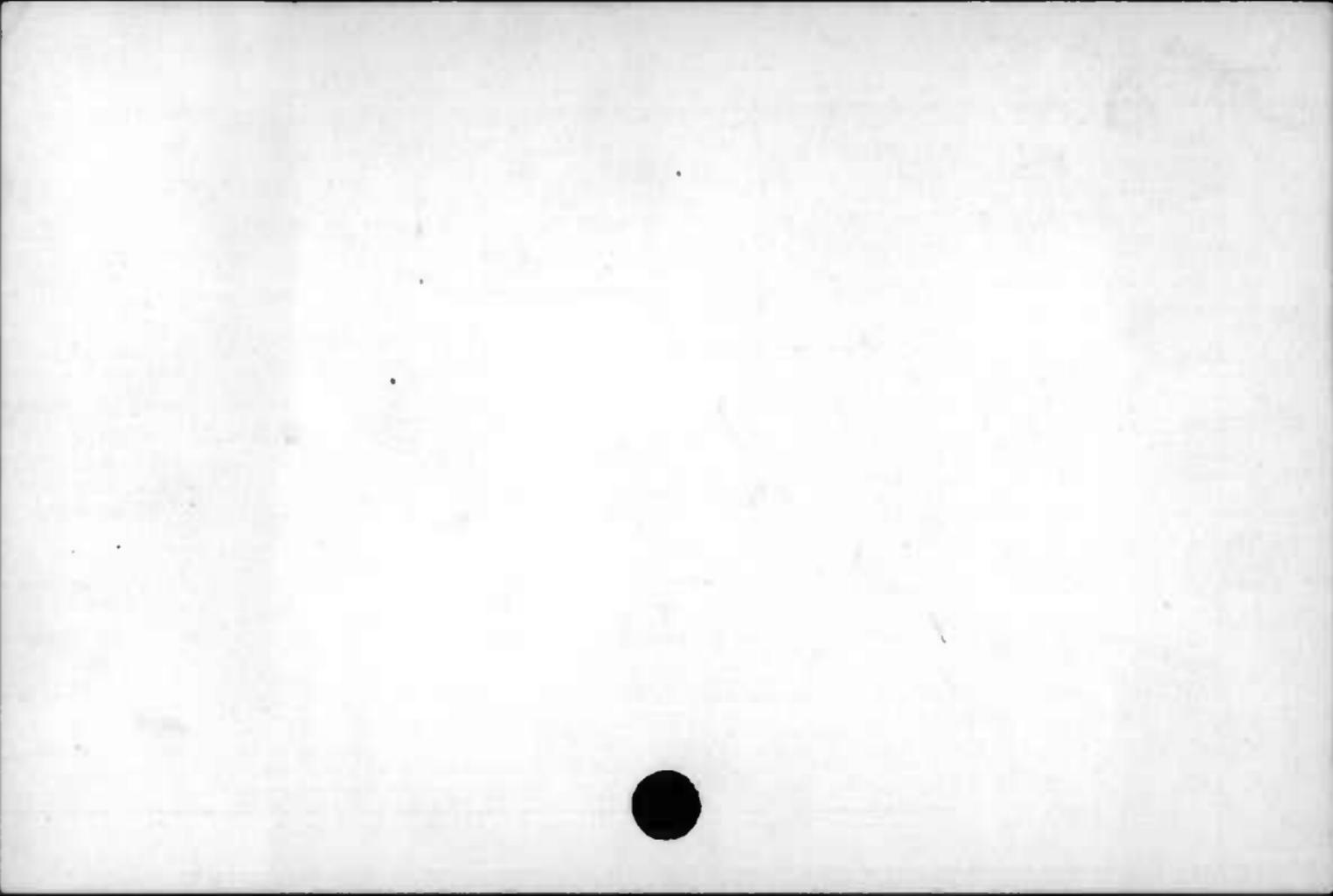
Yes.

Signature of Physician

Address

Har & B Chisholm
Wilson Penn.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Avon Mill</u>		County <u>Was.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>2</u>	Age <u>75</u>	Years	Months <u>10</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Was Co Md</u>	Days <u>14</u>
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Unknown</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Jacob Iger</u>	Father's Birthplace <u>Franklin Co</u>				
Mother's Maiden Name <u>Rachael Ogle</u>	Mother's Birthplace <u>Franklin Co</u>				
Name of person giving information <u>Susan Plumbay</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

79

Primary	<u>Acute cardiac Dilatation</u>	<u>3 weeks</u>
Immediate	<u>Acute cardiac failure</u>	<u>10 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>L. M. Reichard</u>
		Address <u>Fairplay</u>
<u>Accident or suicide?</u>		

Accident or suicide?

J. F. Krebs
undertaker
Williamsport

Aug. 4/08 M d
2818

Name
in
Full

Anna Padolyine Keller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	8	29	Age	5	14
Sex	Female	Color or Race	Whit	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert D. Keller				
Mother's Maiden Name	Rose M. Prohs				
Name of person giving information	Robert D. Keller				

CAUSES OF DEATH

14

How long

4 weeks

How long

2 hrs

PHYSICIAN
OR CORONER

Primary

Dysentery

Immediate

Exhaustion from Convulsion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. P. Stumpf
Hagerstown, Md.

Accident or Suicide?

No.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

maured Child Kendall

CERTIFICATE OF DEATH

Died at Hyattsville		Town	County		MARYLAND		
Date of death	1908	Month 8	Day 29	Years -	Months -	Days -	
Sex	Female	Color or Race	Where Residing if not at place of death		Birth-place		
Occupation	Child				74d Home		
Married, Single or Widowed	—	Name of Wife or Husband					
Father's Name	John Kendall				Father's Birthplace	Mary	
Mother's Maiden Name	Mabel Bellinger				Mother's Birthplace	204	
Name of person giving information	Mrs. Billinger				How related to deceased	My Mother	

CAUSES OF DEATH

151

How long

How long

Primary

Hans- Weakness

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wesley Mills
Hagerstown and

Accident or Suicide?

6

Name
in
Full

Gertrude Steffey King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Aug	1	42	6	13
Sex	Female	Color or Race	White	Birth-place	Williamsport
Occupation	Houskeeper	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	W. H. Z. King		
Father's Name	W. Steffey	Father's Birthplace	Williamsport		
Mother's Maiden Name	Caroline S. Baker	Mother's Birthplace	"		
Name of person giving information	W. H. Z. King	How related to deceased	Husband		

CAUSES OF DEATH

27

Primary

Tuberculosis of Lung.

long

How long

One year
3 months

Immediate

External

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

Gertrude Steffey King
Williamsport,
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

J. L. Kreps
Undertaker
Williamsport
Md

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County					
Died at	Hagerstown	wash.					
Date of death	Month	Day	Years	Months	Days		
1908	aug	23	27	6	16		
Sex	Color or Race	white					
male			Birth-place	Md.			
Occupation	Where Residing if not at place of death						
Farmer	Leitersburg Md.						
Married, Single or Widowed	Name of Wife or Husband	Esther Chlorene Kreps					
married							
Father's Name	James B Kreps *						
Mother's Maiden Name	Leona Bell						
Name of person giving information	James B Kreps						
CAUSES OF DEATH							
Primary	Malaria Paroxysmal						
Immediate	Hemorrhage Shock						
How long							
6 weeks							
How long							
—							
Are the name, age, sex, color, date and place correctly given above?							
Signature of Physician							
Address							
Hagerstown Md.							

PHYSICIAN
OR CORONER



Primary

Malaria Paroxysmal

40

How long

6 weeks

Immediate

Hemorrhage Shock

Are the name, age, sex, color, date and place correctly given above?

20

Signature of Physician

M. J. Monong

Accident or Suicide?

20

S
St Pauls
Aug - 25

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Jacob Lakin.						CERTIFICATE OF DEATH	
Died at	Tow	County					
Date of death	Month	Day	Age	Years	Months	Days	
1908	Aug	16	80		7	3	
Sex	Color or Race	Jefferson, Fred Co					
Male	White						
Occupation	Where Residing if not at place of death						
Saddler							
Married, Single or Widowed	Name of Wife	Amanda Lakin Deed					
Widowed	Amanda Lakin Deed						
Father's Name	Jefferson, Fred Co.						
Abraham Lakin							
Mother's Maiden Name	Mother's Birthplace						
Elizabeth Gross	Jefferson, Fred Co.						
Name of person giving information	Mother's Birthplace						
Mattie A. Lakin	How related to deceased						
Daughter							

CAUSES OF DEATH

79

How long

Years

Primary

Organic Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. H. Garrett

Sharpsburg, Md.

Accident or Suicide?

Chas. S. Wade
undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

R H Lewis

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Aug	24	Age	2	2	
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	R. H. Lewis					
Mother's Maiden Name	Effie Horner					
Name of person giving Information	R H Lewis					

CAUSES OF DEATH

105

Primary

Iles - Colitis.

How long

3 days.

Immediate

Exhaustion.

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ernest N. Gauthier
Williamsport.
Md.

Accident or Suicide?

~~Montgomery~~
J. F. Kreps,
Williamsport.

M^d

Name
in
Full

Helen S. Long

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

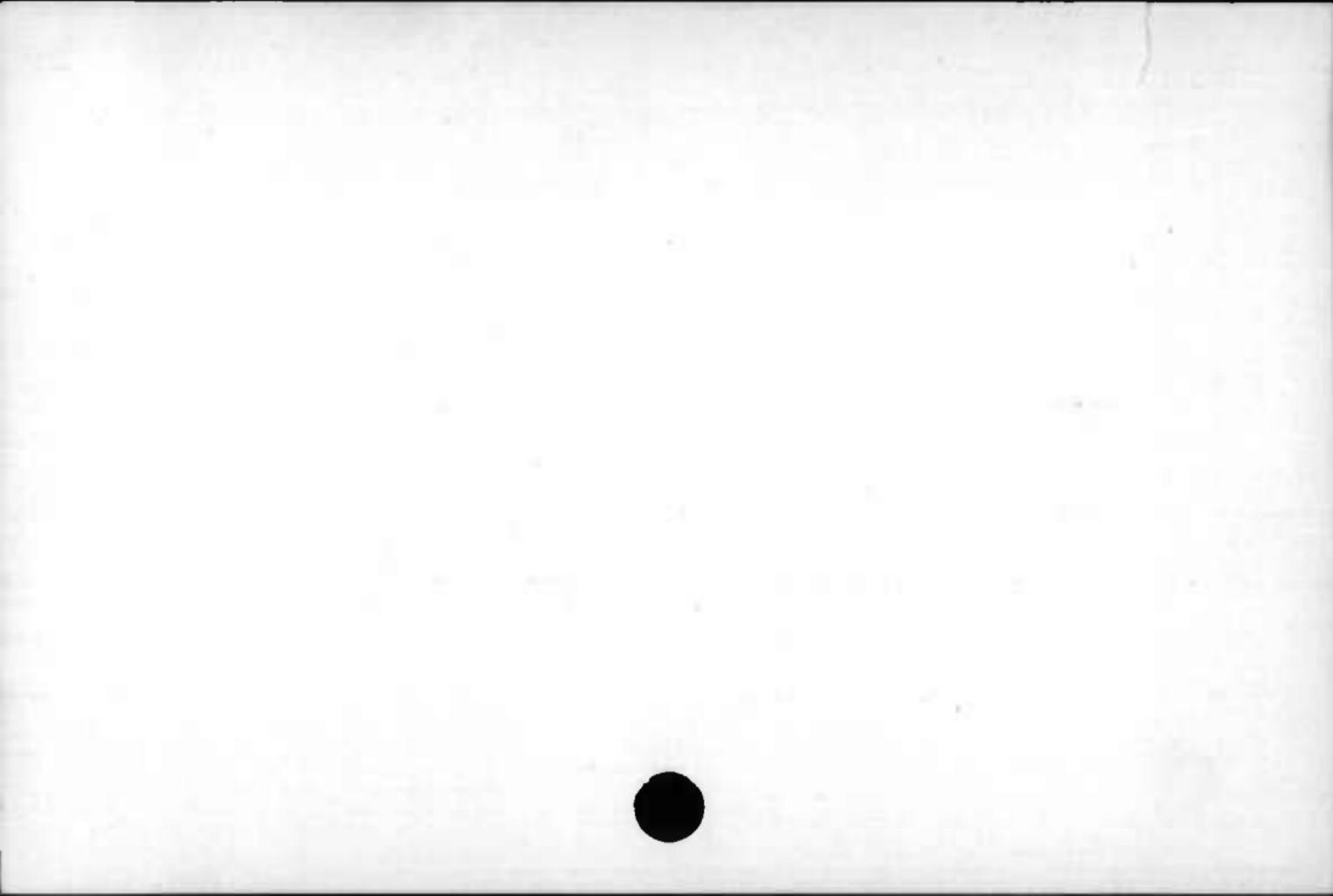
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Guy S. Long		Father's Birthplace	Downsville	
Mother's Maiden Name	Virginia L. Burroughs		Mother's Birthplace	Downsville	
Name of person giving Information	Guy S. Long		How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis		How long	3 mos
Immediate	Stea colitis		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. M. Richard Fairplay	
		Address		
Accident or Suicide				



Name
in
Full

Henry Peterson Lowry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highfield</u> Town, <u>Blue Ridge Summit</u> County			Washington		
Date of death <u>1908</u>	Month <u>August</u>	Day <u>17th</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Age <u>81</u>			
Occupation <u>✓</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>X</u>		Name of Wife or Husband			
Father's Name	<u>Robert Bruce Lowry</u>				Father's Birthplace <u>Virginia</u>
Mother's Maiden Name	<u>Hilda Peterson</u>				Mother's Birthplace <u>Norway</u>
Name of person giving information	<u>"</u>				How related to deceased <u>mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro-Enteritis

105

How long

5 days

Immediate Asthma

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

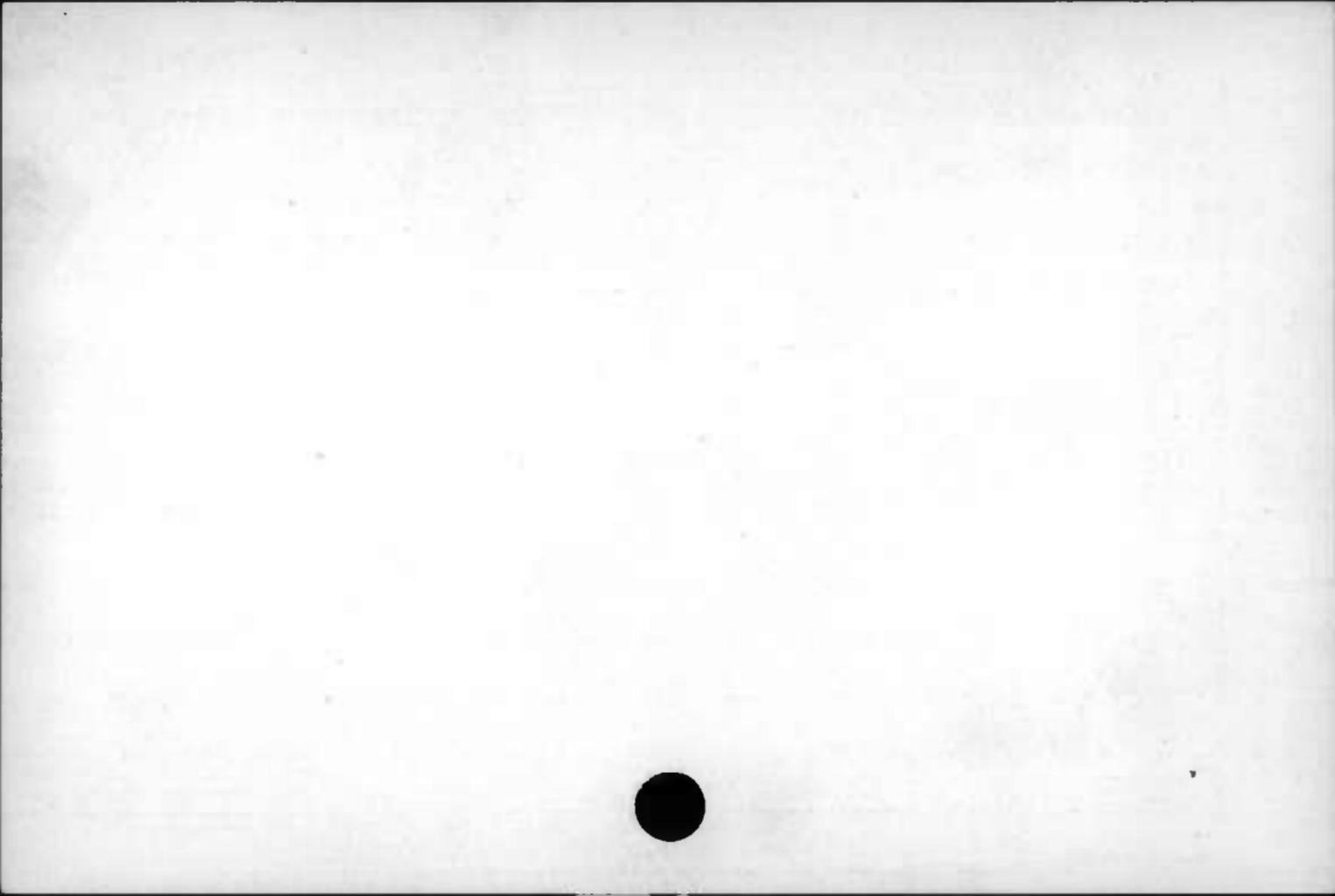
Signature of Physician

P. Fuerstall Taylor

Address

Blue Ridge Summit 44th

Accident or Suicide?



Name
in
Full

Master

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	None			
Father's Name	J F Master				
Mother's Maiden Name	Effie M Reynolds				
Name of person giving information	J F Masters				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(S)

How long

Immediate

—

How long

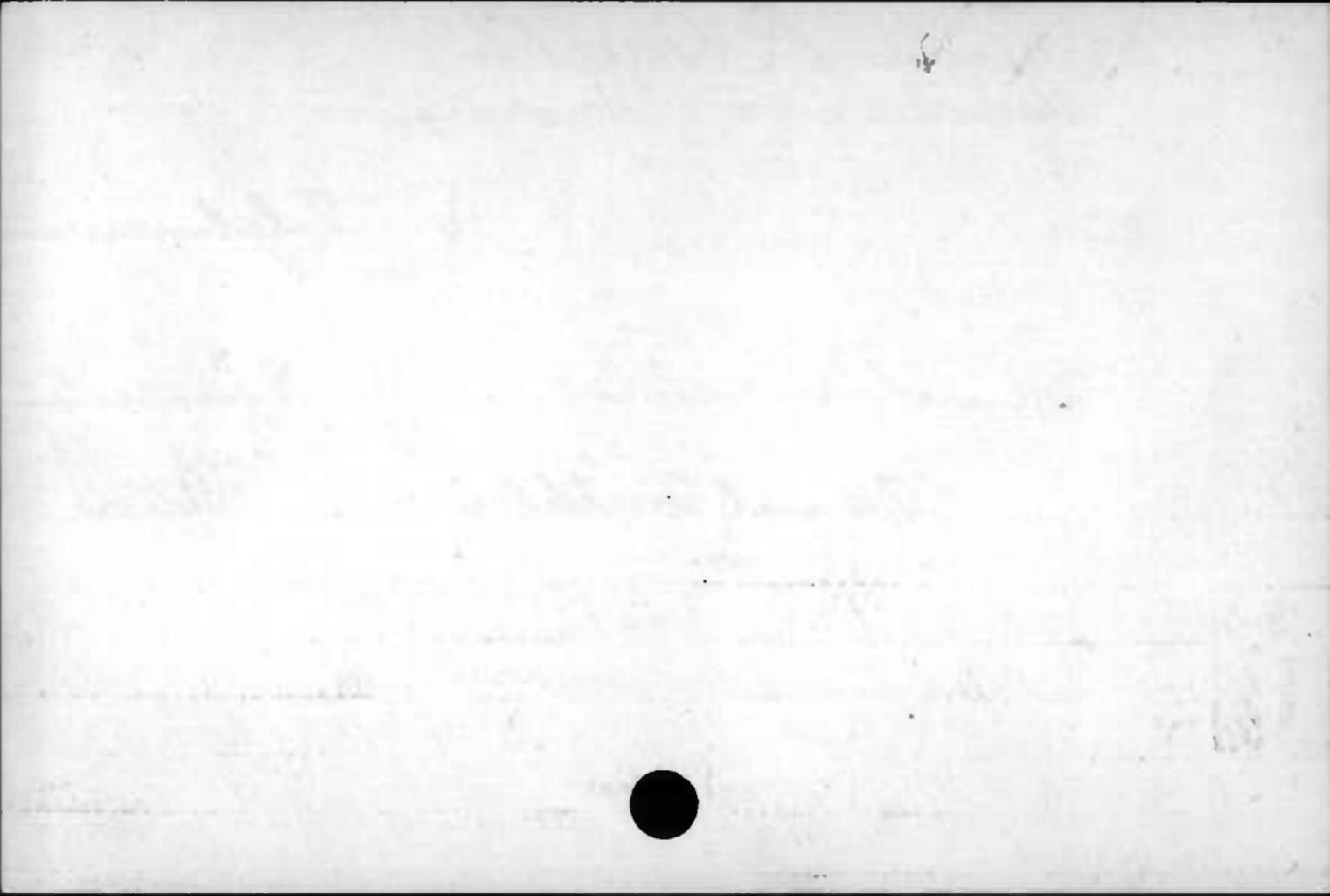
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr O D F Jauner
Smithsburg
Md.



Name
in
Full

Virginia R. Snickle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Tilghmanstown Town Washington County
Date of death 1908 Month 8 Day 24 Years — Months — Days 13

Sex Female

Color or Race

White

Birth-place

Tilghmanstown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Daniel Snickle

Father's Birthplace

Greencastle Pa

Mother's Maiden Name

Ray Whistock

Mother's Birthplace

Virginia

Name of person giving
Information

Daniel Snickle

How related
to deceased

Father

CAUSES OF DEATH

Primary

Hemorrhagic Disease of newborn

152

How long

Immediate

Ambilical Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

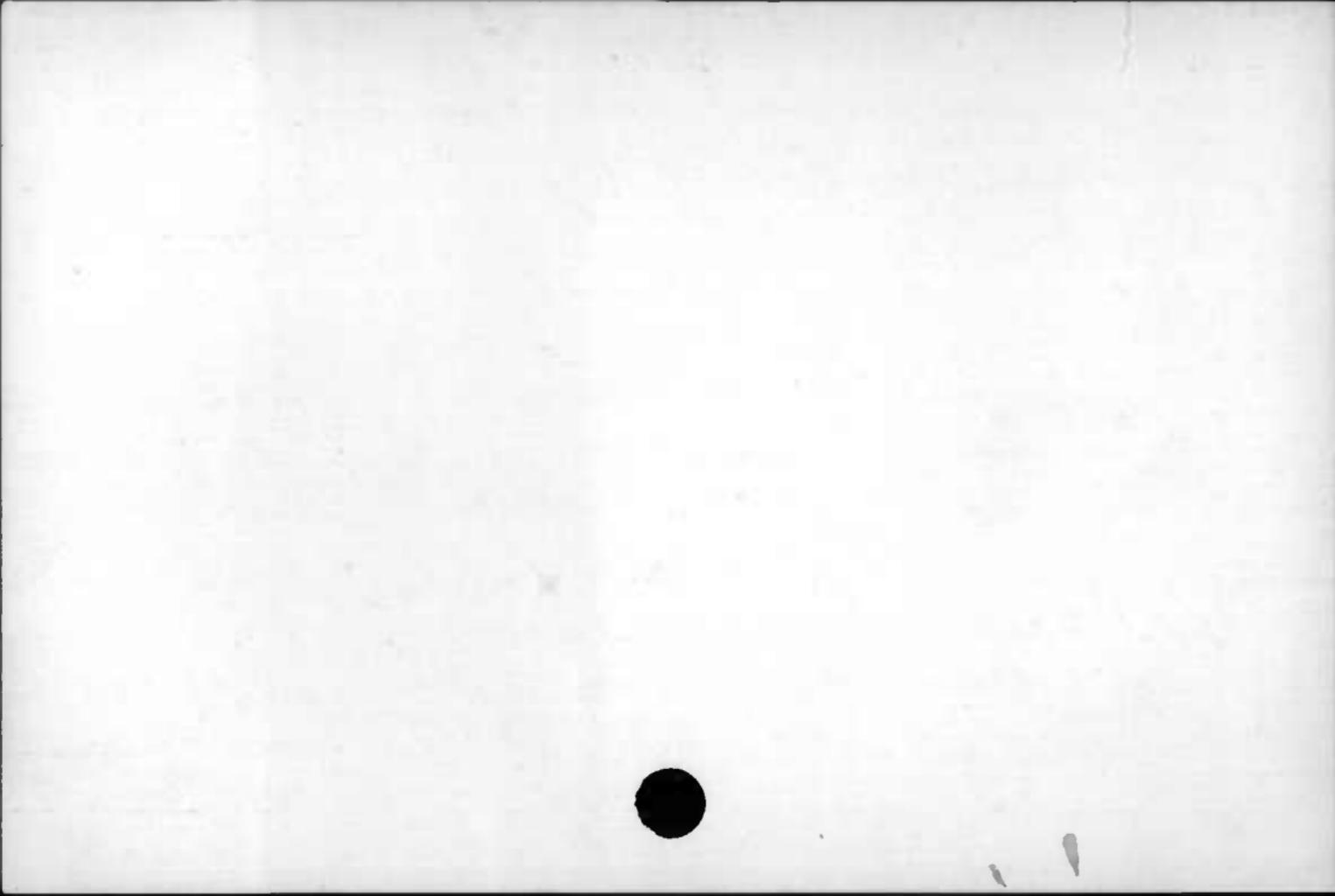
V.M. Reichard

Address

Fairplay

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Ethel E Middlekuff

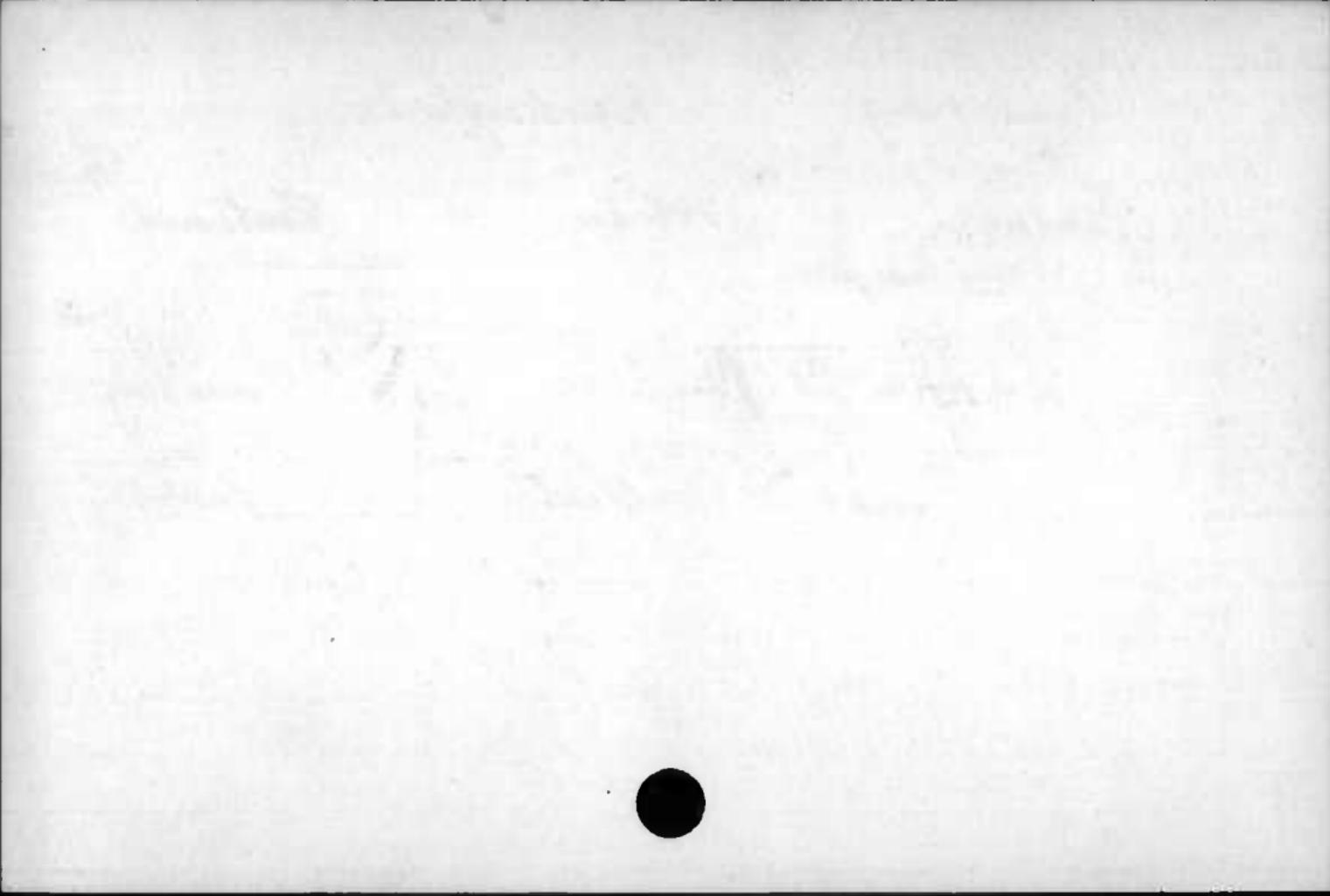
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at Sunuetown	Washington					
Date of death 1908	Month August	Day 15	Age	Years	Months	Days
Sex Female	Color or Race	White	Birth-place	Sunuetown		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John K. Middlekuff					
Mother's Maiden Name	Sarah Zuber					
Name of person giving Information	Lurinda Zuber					
CAUSES OF DEATH						
Primary	151					
How long						
Immediate	Murasinus					
How long	3 weeks					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician				
		Address				
Accident or Suicide?						

PHYSICIAN
OR CORONER

Primary	151					
How long						
Immediate	Murasinus					
How long	3 weeks					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician				
		Address				
Accident or Suicide?						



Name
in
Full

Ida Matilda Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Pinesburg		Town	Washington		County	MARYLAND		
Date of death	1908	Month Aug	Day 12	Years 16	Age	Months 11	Days 26		
Sex	Female	Color or Race	White	Birth-place	Wilsons				
Occupation	Housekeeper				Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband							
Father's Name	Isaac D Miller				Father's Birthplace	Pinesburg			
Mother's Maiden Name	Sallie V. Grove bca.				Mother's Birthplace	Wilsons			
Name of person giving Information	Isaac D Miller				How related to deceased	Father			

CAUSES OF DEATH

106

How long

How long

Primary	Gastro-enteritis		3 weeks
Immediate	Cholecystitis		6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ernest H. Gaither
Yes		Address	Williamsport, Md.
Accident or Suicide?			

J. F. Kreps Aug 12 - 08
undertaker
Williamsport
Pa

Name
in
Full

Annelina Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

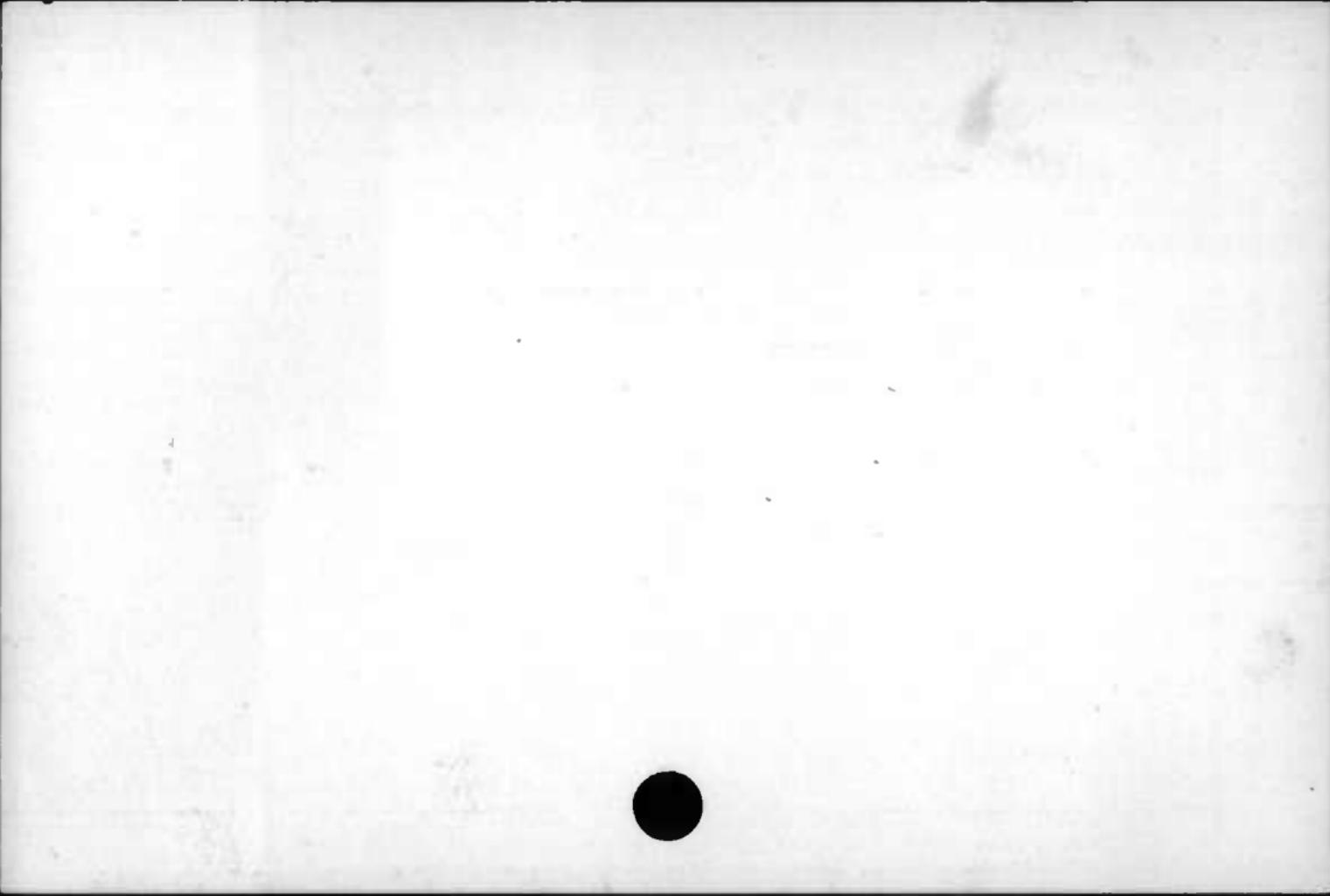
Died at Highfield Blue Ridge Summit		County Washington		MARYLAND		
Date of death 1908	Month August	Day 19 th	Years	Months	Days	
Sex female	Color or Race white	Age	—	10		
Occupation v	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband ✓					
Father's Name Albert Moore			Father's Birthplace Hyde Springs Maryland			
Mother's Maiden Name Analis Donke			Mother's Birthplace Berlin Germany			
Name of person giving Information Analis Donke			How related to deceased Mother.			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Enter Colitis	How long Two weeks
Immediate Exhaustion	How long Two days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician P. Gustall Taylor M.D.
	Address Blue Ridge Summit 112
Accident or Suicide?	



Name
in
Full

Mrs Elizabeth Moten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Aug.	15	Age	48	7 6
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Female	colored		va		
Occupation					
W. W.					
Married, Single or Widowed	Name of wife or Husband	Benjamin Moten			
Father's Name	John Nelson	Va			
Mother's Maiden Name	Not Known	Mother's Birthplace			
Name of person giving Information	Benj Moten	" " Husband			

CAUSES OF DEATH

119

How long

2 weeks

How long

PHYSICIAN
OR CORONER

Primary

Nephritis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

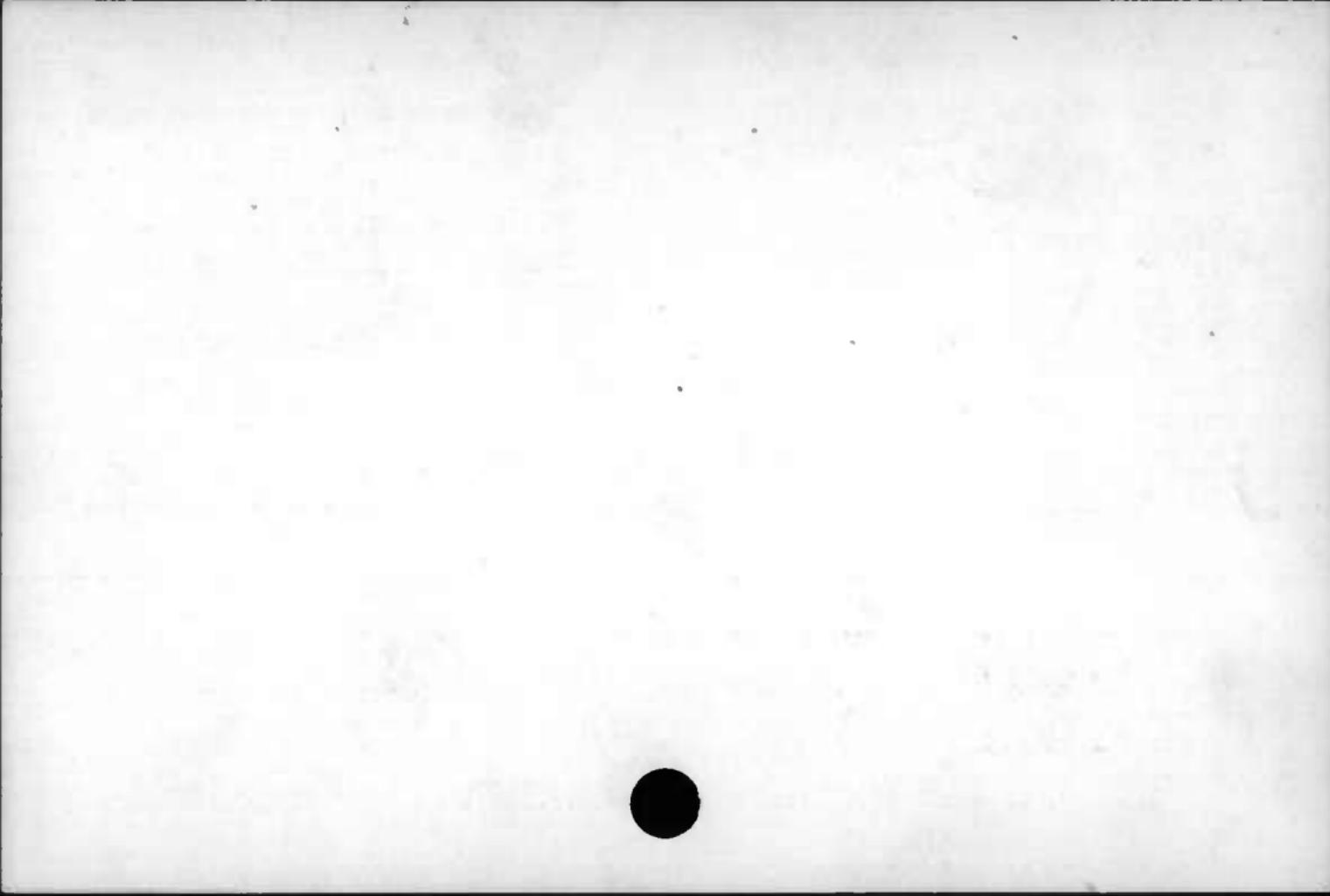
7n

Signature of
Physician

Address

E. G. Marshall
Sagamore
Md

Accident or Suicide?



Name
in
Full

Still born child of Clayton & Ida Neikirk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clayton Neikirk			Father's Birthplace	md.
Mother's Maiden Name	Ida Hennessy			Mother's Birthplace	"
Name of person giving Information	Clayton Neikirk			How related to deceased	Father
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	✓		
Immediate	Difficult Labor (Large Child)		
Are the name, age, sex, color, date and place correctly given above?	Age:	Signature of Physician	Tellie Smiley, M.D.
		Address	Hagerstown, Md.
Accident or Suicide?	No		

S
Aug. 4
2 819

S.

Name
in
Full

William F. Anger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	73	7	26
Occupation	Where Residing if not at place of death	Smithsburg			
Married, Single	Name of Wife or Husband	Elizabeth Anger			
Father's Name	Frederick Anger				
Mother's Maiden Name	Elizabeth Busback				
Name of person giving information	John W. Anger				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

General Debility

How long

one year

Immediate

Acute Indigestion

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

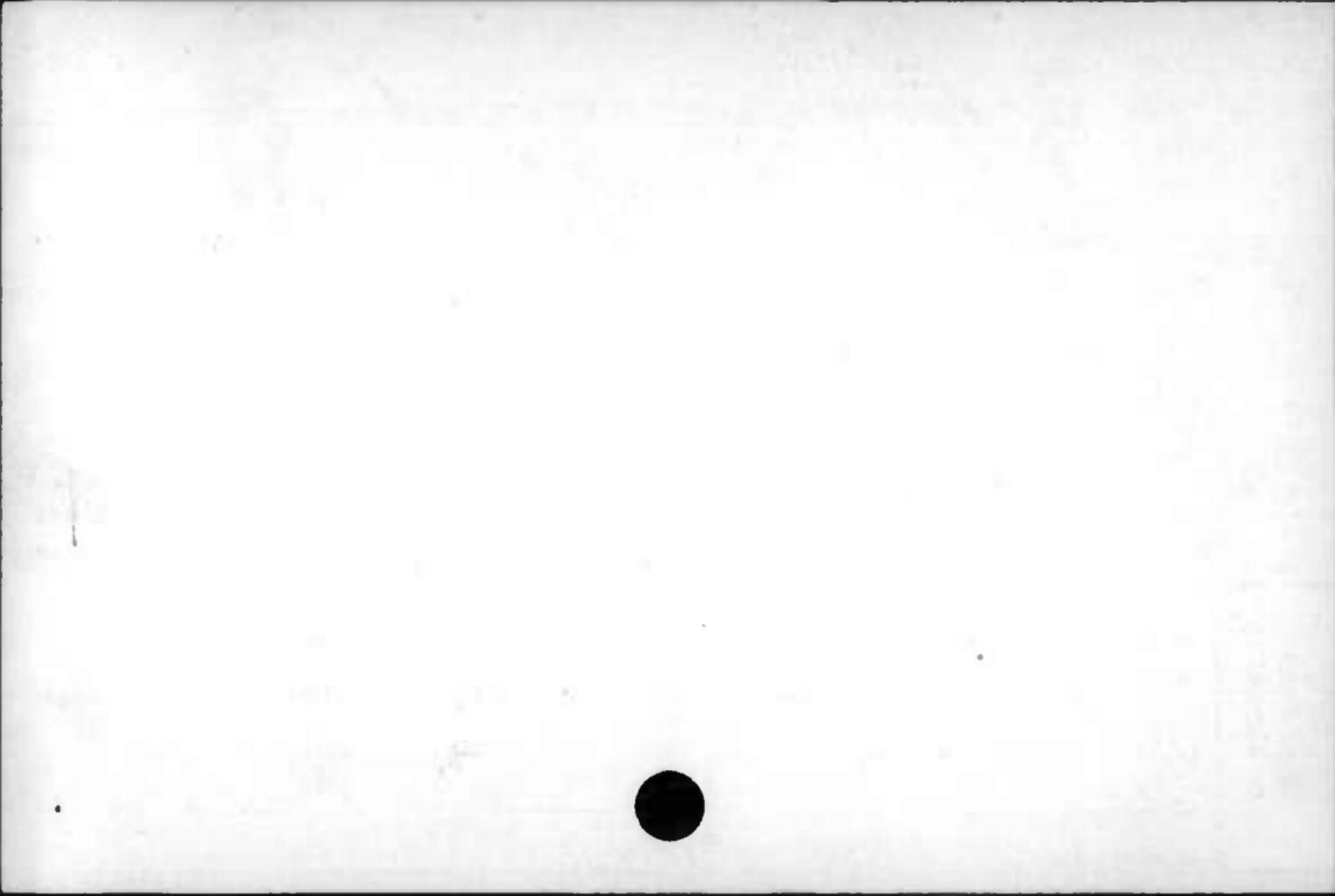
Signature of Physician

Dr. M. D. Kefauver

Address

Smithsburg
Maryland.

Accident or Suicide?



Name
in
Full

J. W. Platt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town.	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	about 50
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Unknown	
Father's Name	Unknown		
Mother's Maiden Name	"	Unknown	
Name of person giving information	Chas E. Suler		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary
Pistol wound

How long
Immediate

Immediate
Pistol wound

How long
Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

J. Daniel C. Worrell

Address

Hagerstown Md.

Accident or Suicide?

Found dead

S
Bellview
Aug. 3/08
2816

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Rydner Town County Washington DC MARYLAND

CERTIFICATE OF DEATH

Died at Locust Grove

County Washington DC

MARYLAND

Date of death 1906 Month 8 Day 24 Age 69 Years 5 Months 5 Days

Sex Male Color or Race White Birth-place Washington Co

Occupation Farmer Where Residing if not at place of death

Married, Single
or Widower

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

Malinda Rydner

Strivam Rydner

Don't Know

Rosanna Longman

Don't Know

Malinda Rydner

Wife

CAUSES OF DEATH

Primary Chronic Detentional Nephritis

120

How long

5 years

Immediate Paralysis

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

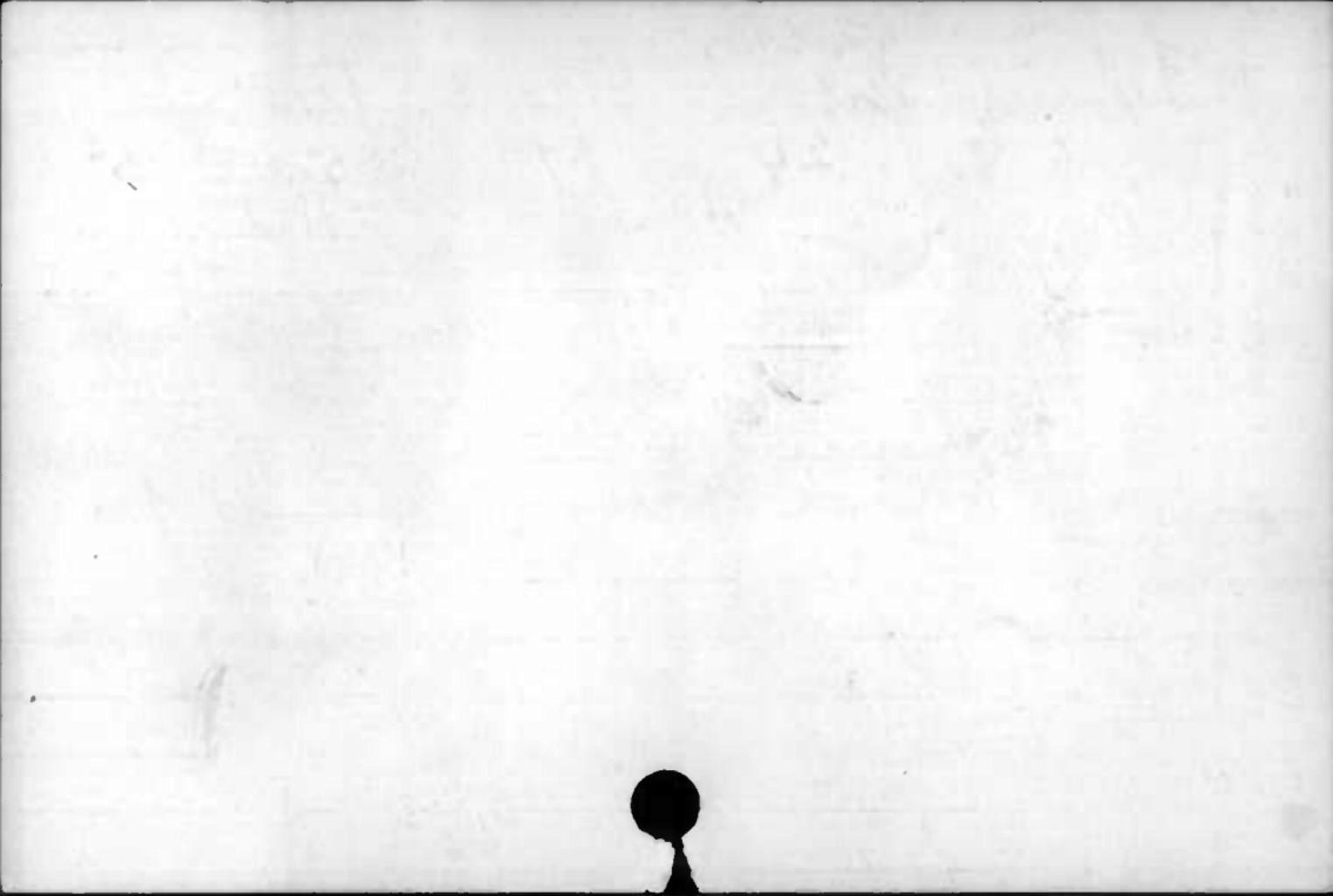
Signature of Physician

Address

H. L. Vicker

The Alcove Hotel

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Benjamin F Ringer

CERTIFICATE OF DEATH

Died at Hagerstown

Town

County

MARYLAND

Date of death 1908 Month 8 Day 15

Age 73 Years

Months 9 Days 11

Sex Male

Color or Race

White

Birth-place

Md

Occupation

Where Residing if not
at place of death

Farmer

Married, Single
or Widowed

Name of Wife or Husband

Mary E Braguries

Father's Name

Elias

Ringer

Father's Birthplace

Md

Mother's Maiden Name

Mary

E Betz

Mother's Birthplace

Md

Name of person giving information

Mary E Ringer

Wife

How related to deceased

Wife

CAUSES OF DEATH

142

How long

Primary

Seizure

How long

Immediate

Gastric dist fort

Seizal manda

Are the name, age, sex, color, date and place correctly given above?

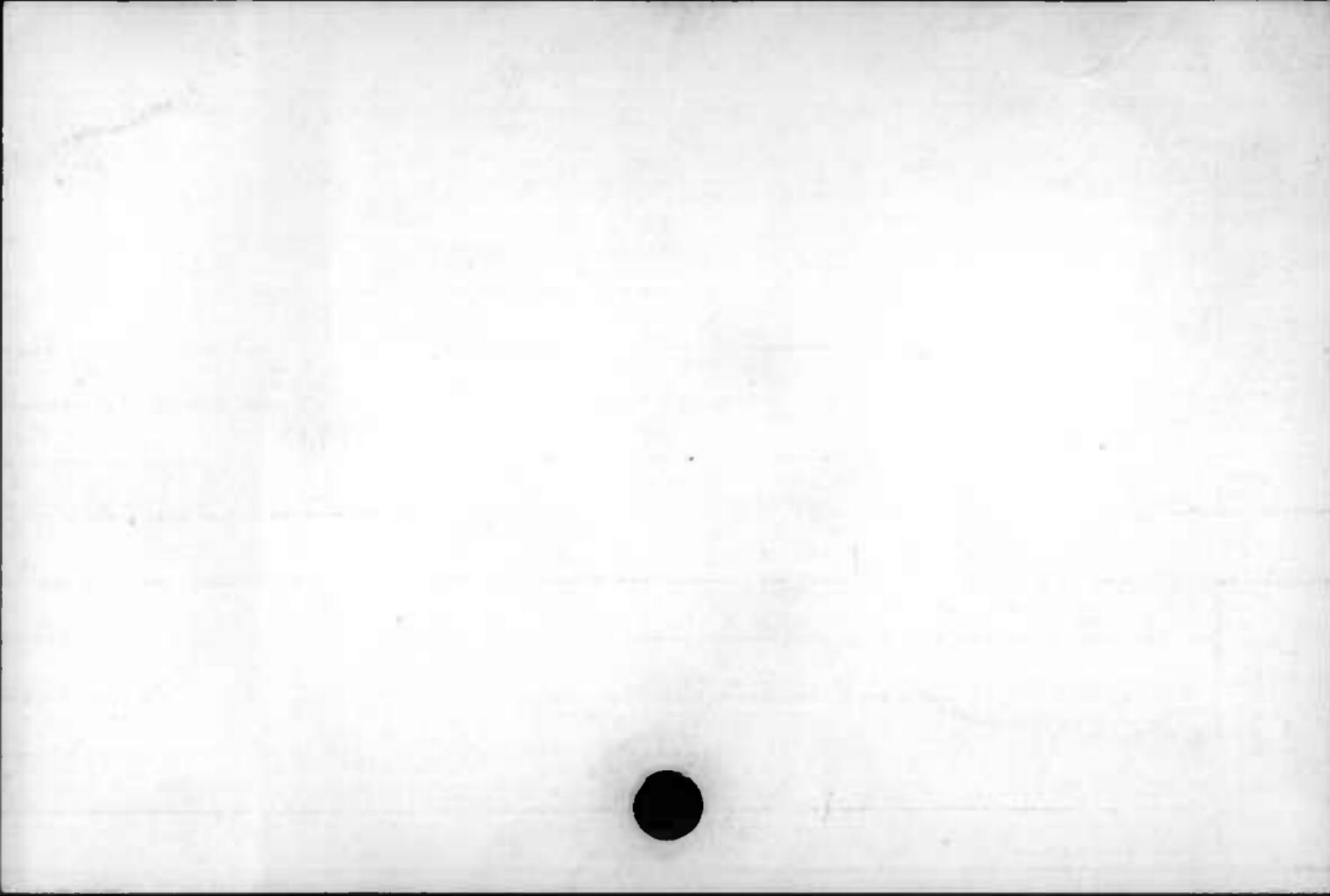
Yes

Signature of Physician

Address

W. Scott
Hagerstown

Accident or Suicide?



Name
in
Full

Ardella Frances Rowland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Husband	chas. L. Rowland				
Father's Name	Sam'l Sumner					Father's Birthplace
Mother's Maiden Name	Ruth Dagenhart					Mother's Birthplace
Name of person giving information	Fenton Sumner					How related to deceased

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary Septic Abscess of Fauces

How long

6 weeks

Immediate Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

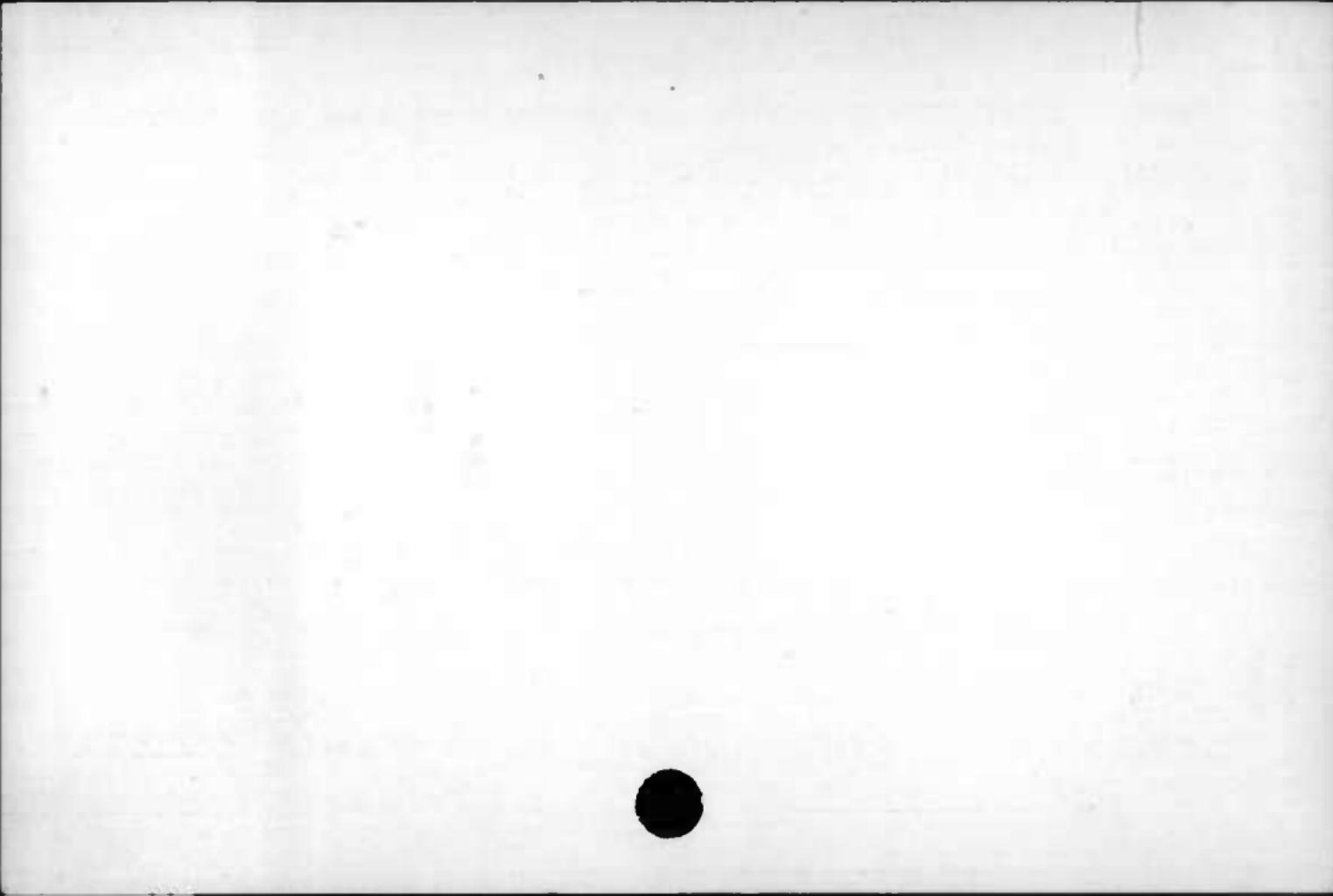
yes

Signature of Physician

Address

b. m. Reichard
Fairplay.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Earl E. Baum

CERTIFICATE OF DEATH

Died at Hagerstown Washington MARYLAND
Date of death 1908 Month 6 Day 21 Years 7 Months 7 Days

Sex Male Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Jesse E. Baum Father's Birthplace Pa

Mother's Maiden Name Margaret M. Quodd Mother's Birthplace Pa

Name of person giving information Jesse E. Baum How related to deceased Father

CAUSES OF DEATH

105

Primary Acute Gastric Infection How long 15 days

Immediate " " How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. G. Greenley, M.D.

Address

Accident or Suicide? No

Shenandoah, Va

Name
in
Full

Clifford Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Washington		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Age					21
Occupation	Gone		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Samuel Shank		Father's Birthplace	Big Pool			
Mother's Maiden Name	Ada Grimes		Mother's Birthplace	Big Pool			
Name of person giving information	Samuel Shank		How related to deceased	Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Masacimur

How long

21 days

Immediate

Craniotia

How long

21 ..

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J.P. Perry
Clearspring Md

Accident or Suicide?



Name
in
Full

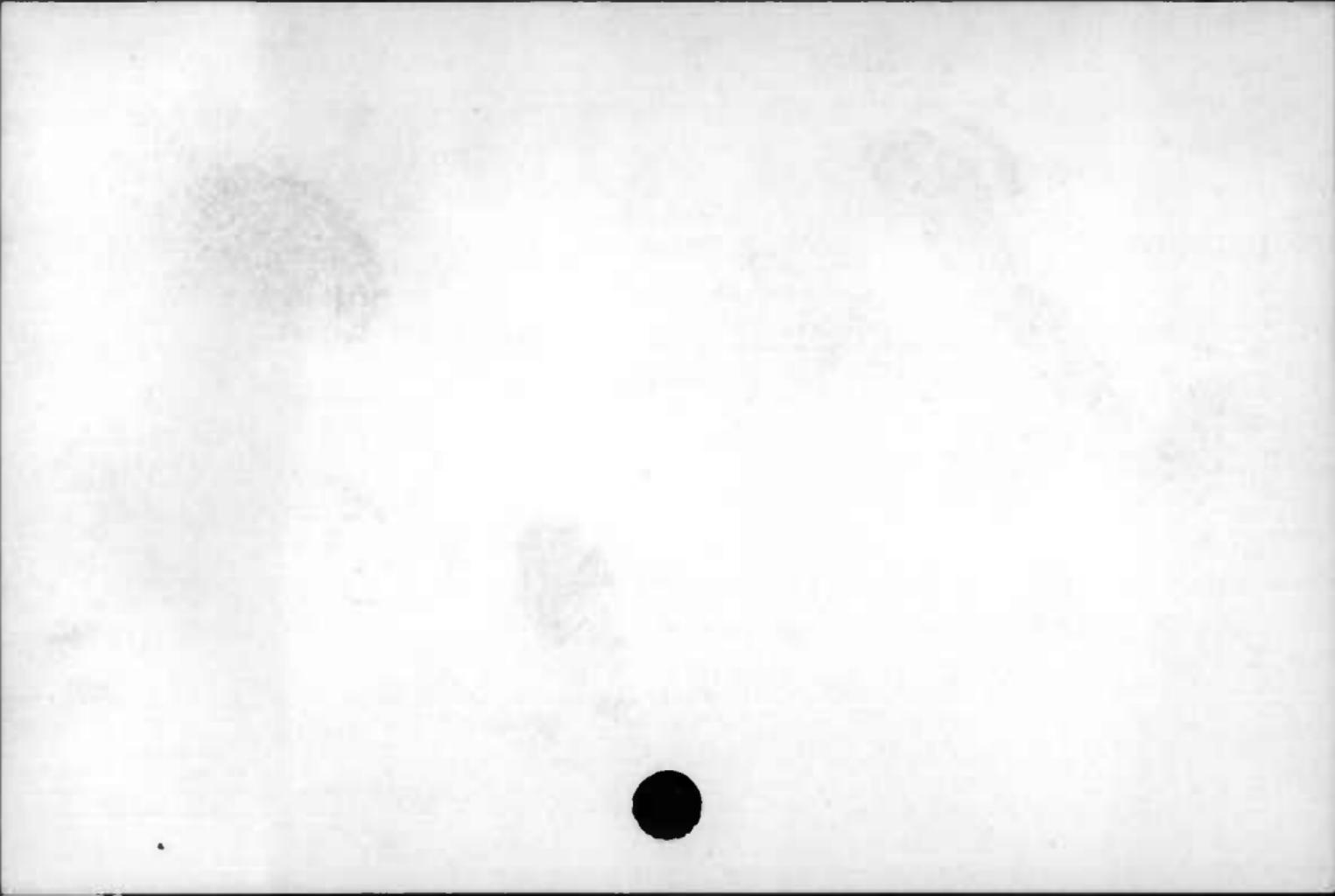
Florence Irene Shank

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Big Pool			County	Washington	
Date of death	Month	Day	Years	Months	Days	
1908	Aug	3 rd	.	.	16 th	
Sex	Female		Color or Race	White		
Occupation	None		Where Residing if not at place of death	Big Pool Ind		
Married, Single or Widowed	Single		Name of Wife or Husband	None		
Father's Name	Samuel Shank		Father's Birthplace	Big Pool Ind		
Mother's Maiden Name	Ada M. Grimes		Mother's Birthplace	Big Pool Ind		
Name of person giving Information	Amos Grimes		How related to deceased	Grandfather		
CAUSES OF DEATH				151		
Primary	Starvation		How long	12 days		
Immediate	Inanition		How long	3 days.		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J.P. Perry		
			Address	Clearspring Maryland		
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Lucy ^{Carter} Boston Shipley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Bee Ridge Funeral &		County Washingon	MARYLAND	
Date of death	Month August	Day 24	Age	Months 6	Days 23
Sex	Color or Race		White	Birth- place	Baltimore
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			Father's Name	J. Lester Shipley Jr.
Mother's Maiden Name	Name of Wife or Husband			Father's Birthplace	Boston, Md
Name of person giving Information	Name of Wife or Husband			Mother's Birthplace	Winchester Va
				How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Estate-Eateritis	
Immediate	Anemia	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		P. Thustad Taylor M.D.
		Address
	Bee Ridge Funeral & C	
Accident or Suicide?		

one (one

Blue River

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jos W. Smith

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	79	
Occupation	Dent/Clean		Where Residing if not at place of death	Dont Know	
Married, Single or Widowed	Married	Name of Wife or Husband	Dont Know		Ida
Father's Name	Capt. Jos Smith		Father's Birthplace	Dont Know	
Mother's Maiden Name	Dont Know		Mother's Birthplace	Dont Know	
Name of person giving Information	S. Summer		How related to deceased	Supt. Bellone	

CAUSES OF DEATH

64

Primary	Dysrancent Aprophy	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

J. M. Wirtz
Hagerstown - Md



Name
in
Full

Samuel K. Snively

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 8	Day 11	Age 67	Years	Months 8 Days
Sex Male	Color or Race White	Birth-place Franklin Co. Pa			
Occupation Doctor	Where Residing if not at place of death Williamsport Md				
Married, Single Married	Name of Wife or Husband Annie E. Snively	Father's Birthplace			
Father's Name John Snively	don't know		Mother's Birthplace		
Mother's Maiden Name Mary Keiper			How related to deceased		
Name of person giving information Annie E. Snively	Wife				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Cardiac Hypertrophy

How long

8 years

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Dr. W. G. Galt

Address

Williamsport Md.

Accident or Suicide?

J. W. Miller
Williamsport
Md
" "

Aug 12/08

Name
in
Full

Daniel M Stahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salem		County Wash		MARYLAND	
Date of death 1908	Month Aug	Day 11	Years Age 78	Months 2	Days 3
Sex male	Color or Race white	Birth-place Pa.			
Occupation Team Master	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Margaret A. Stahl	Father's Name John Stahl	Father's Birthplace Pa		
Mother's Maiden Name Jane Maginess	Mother's Birthplace Pa	Name of person giving information Fred Stahl	How related to deceased son		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

chronic nephritis - Endocarditis

How long

3-4 years

Immediate

Exhaustion & toxæmia

How long

1-3 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. P. Miller

Address

Hagerstown Md

Accident or Suicide?

no

Salem
Suter

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	190	Month 8	Day 26	Year 8	Months 3	Days 21
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Lambie A Blattner					Father's Birthplace Md
Mother's Maiden Name	Bessie L Spuff					Mother's Birthplace Md
Name of person giving Information	Bessie L Spuff					How related to deceased Mother

CAUSES OF DEATH

Primary	Lacerated intestines woman of abdomen contents.	How long	166
Immediate	✓ Trolley car accident.	How long	X instant
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	V. E. Danilev Jr.
		Address	Hagerstown Md
Accident or Suicide		yes.	

Mapleville,
J. M. Watkins

Name
in
Full

Thelma Hallie Svarz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sewell C Svarz				Father's Birthplace
Mother's Maiden Name	Hallie Isaugle				Mother's Birthplace
Name of person giving information	S. C. Svarz				How related to deceased
CAUSES OF DEATH					
Primary	Spinal Meningitis			61	How long
Immediate	Cardiac Arrest			days	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

S
Aug. 4
2820

Name
in
Full

Dorothy Gable Swope

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Age	97	4
Occupation	Housewife	Where Residing if not at place of death		Germany		
<input checked="" type="checkbox"/> Widowed	<input checked="" type="checkbox"/> Name of Husband	Clearspring		Casper Swope		
Father's Name	Not Known		Father's Birthplace	Not Known		
Mother's Maiden Name	Not Known		Mother's Birthplace	Not Known		
Name of person giving Information	Mrs David L. Houck.		How related to deceased	Daughter.		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Old age

How long

One week

Immediate

Heart failure

How long

Twenty four hours

Are the name, age, sex, color, date and place correctly given above?

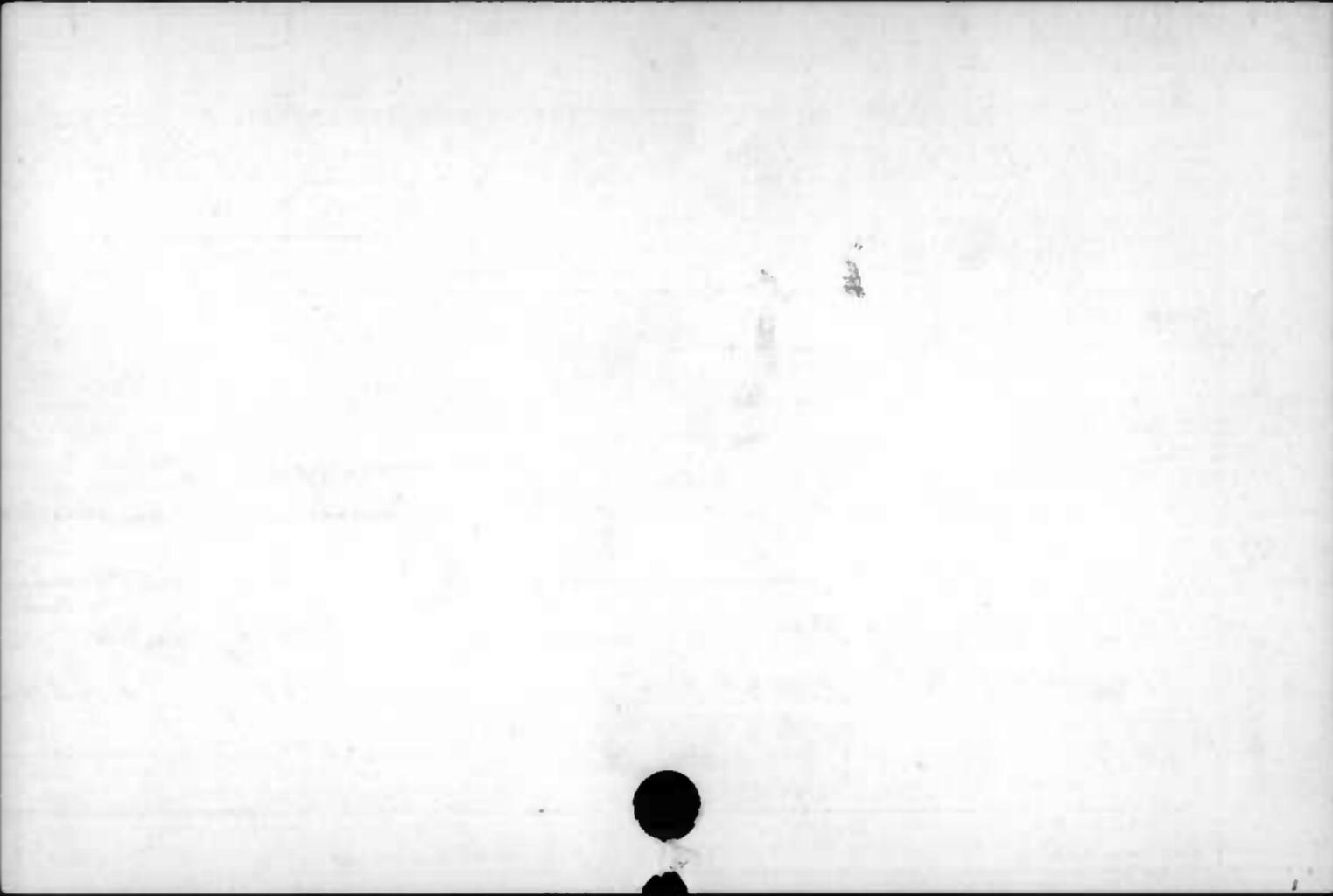
Yes

Signature of Physician

Address

Abraham Shank
Clearspring
Washington County

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Sarah E. Suckeburger						CERTIFICATE OF DEATH	
Died at Bear Smithsburg			County Washington			MARYLAND	
Date of death 1908	Month 8	Day 15	Age 63	Years 4	Months 4	Days 13	
Sex Female	Color or Race White		Birth-place Bear Can town				
Occupation House Wife	Where Residing if not at place of death John H. Suckeburger						
Married, Single or Widowed Married	Name of Wife or Husband Sarah E. Suckeburger						
Father's Name Lsg. Reynolds	Father's Birthplace Bear Can town						
Mother's Maiden Name Jane Johnson	Mother's Birthplace Fred lov Md						
Name of person giving information John H. Suckeburger	How related to deceased Husband						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Cardiac Insufficiency

How long

Several Years

Immediate

Heart Failure & Drowsiness

How long

Several Months

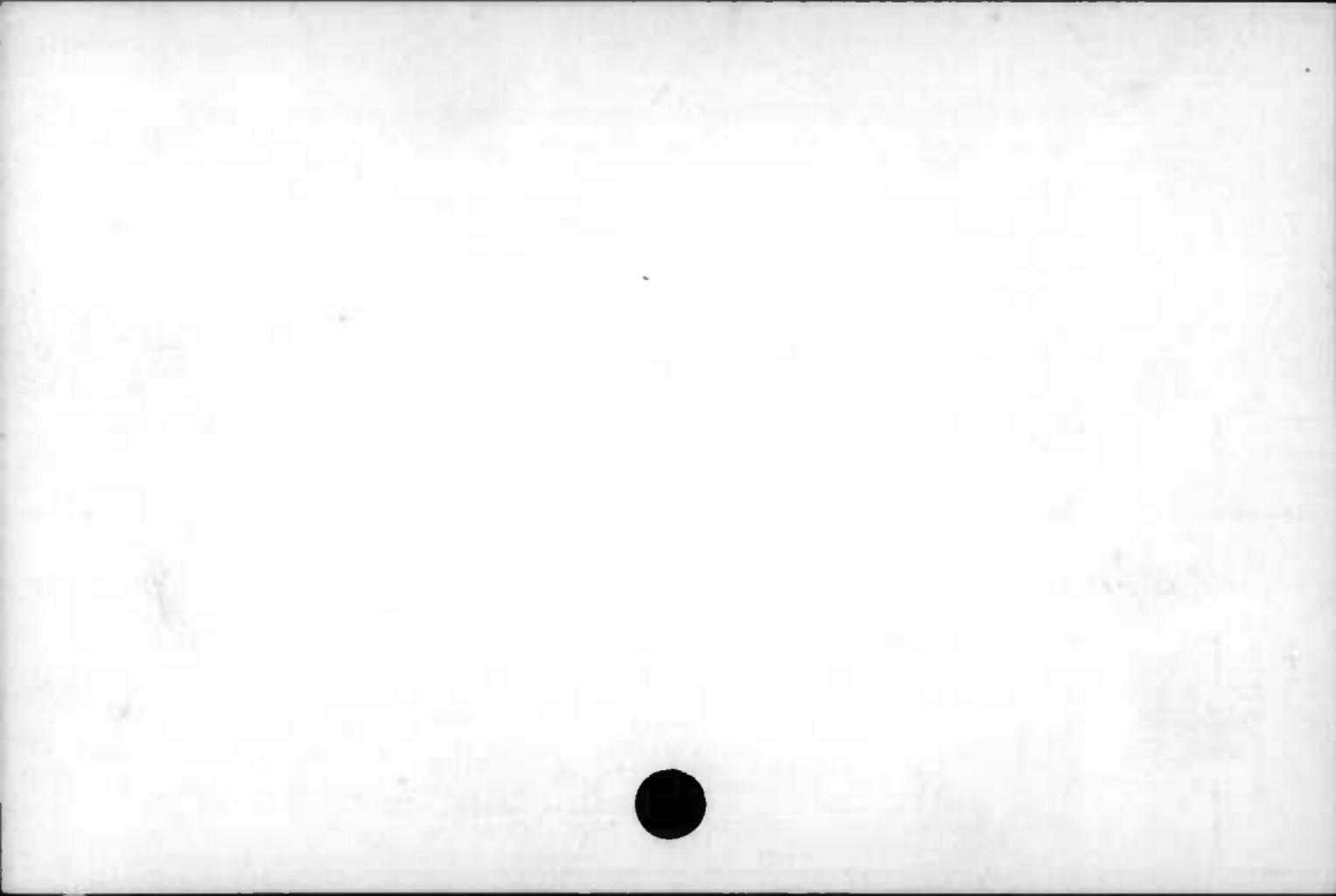
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr Jos. Pottman
Smithsburg
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wm E Travers

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Wm H Travers	Father's Birthplace	Va.
Mother's Maiden Name	Maria Grayton	Mother's Birthplace	Va.
Name of person giving information	J. E. Shaw	How related to deceased	nephew

CAUSES OF DEATH

Primary Chronic nephritis & duo carditis
How long 3-4 years.
Immediate Toxæmia - How long 1-4 weeks.

20

How long

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. P. Muller.

Address

Hag. Rd.

Accident or Suicide?

no

Suter

Name
in
Full

Martha Margaret Vandervoort

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Blue Ridge Summit</u> <u>Town</u> <u>Washington</u> <u>County</u>			MARYLAND		
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>7</u>	Years <u>82</u>	Age <u>82</u>	Months <u>1</u> Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>			
Occupation <u>S.</u>	Where Residing if not at place of death <u>Blue Ridge Summit Bed</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Robert Bruce Vandervoort</u>	Father's Birthplace <u>New York</u>				
Mother's Maiden Name <u>Eliza D. Durham</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>Mr Hugh Justice</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

80

How long

How long

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

Immediate

Cardiac Paralysis

Are the name, age, sex, color, date and place correctly given above?

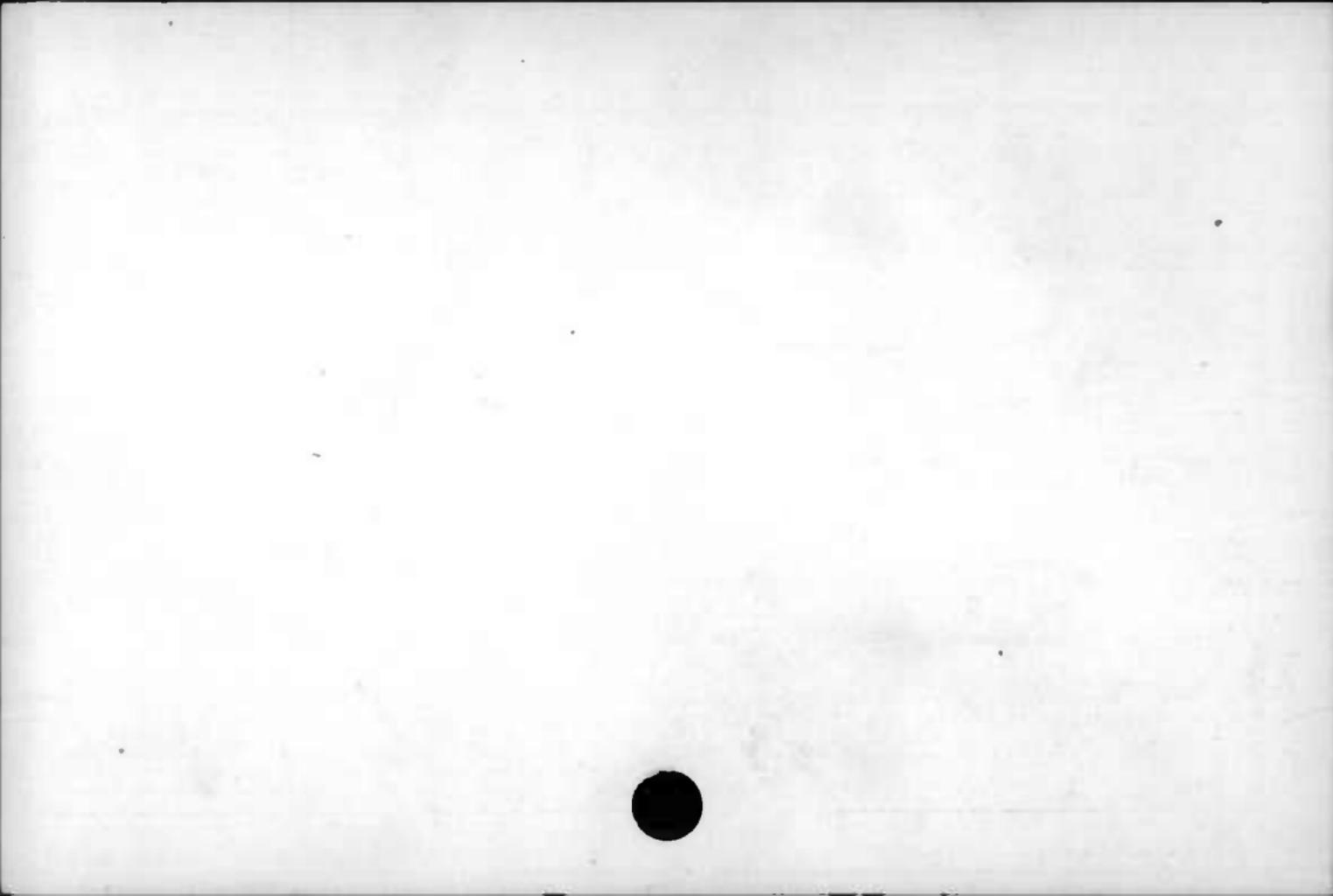
Signature of Physician

Address

Accident or Suicide?



Velma F. Cullen
Blue Ridge Summit
Washington Co. Md.



Name
in
Full

Unnamed child of Chas & Verna Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND.

Town	County			MARYLAND	
Hagerstown	Wash				
Date of death 1908 Aug 23	Month	Day	Years	Months	Days
Sex male	Color or Race	white	Birth- place	Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name Charles Wilson	Father's Birthplace Md.				
Mother's Maiden Name Verna Ulmer	Mother's Birthplace "				
Name of person giving Information	How related to deceased mother				

CAUSES OF DEATH

152

How long

2 hrs.

How long

"

PHYSICIAN
OR CORONER

Primary

Asphyxia

Immediate

11

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

F. D. Hoffmier

Hagerstown

Md

Accident or Suicide?

No.

5
Aug 25

Name
in
Full

Joshua Goat-

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Blairs Valley

Town County
Wash

Date
of death 1908

Month Aug

Day 6

Years 57

Months 7

Days 11

Sex Male

Color or
Race White

Birth-
place Va

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband Indiana Milly

Father's
Name Unknown

Father's
Birthplace Unknown

Mother's
Maiden Name " Johnson

Mother's
Birthplace Johnson

Name of person giving
Information James W. Goat

How related
to deceased Nephew

CAUSES OF DEATH

114

Primary

Enlargement of Liver

How long

year

Immediate

Asthma

How long

PHYSICIAN
OR CORONER

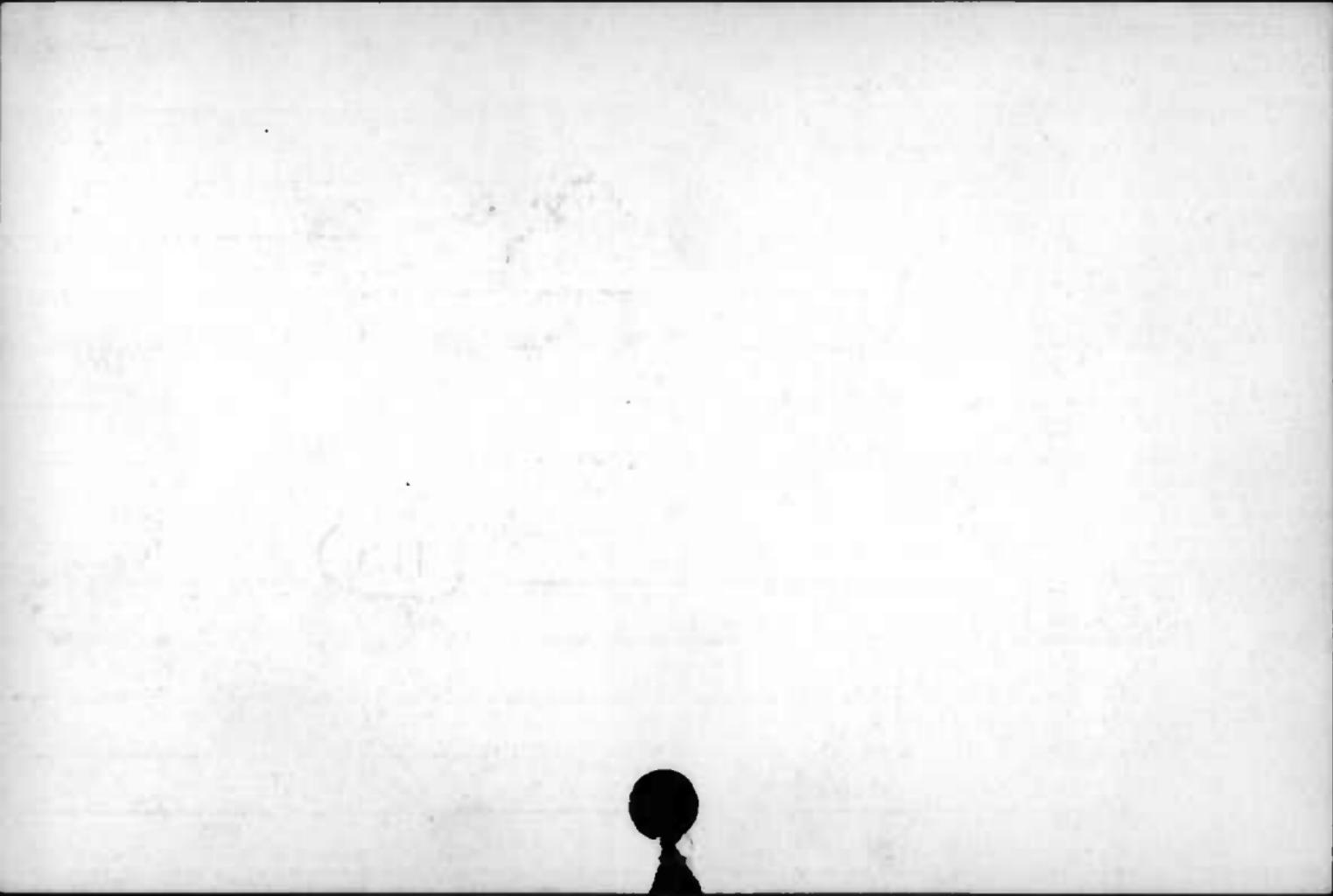
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C. J. Mason
Clearspring Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Michael Zimmerman					CERTIFICATE OF DEATH		
Died at	Town	Was			County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race	White			Birth-place	Pa	
Occupation	Where Residing if not at place of death			Millstone			
Married, Single or Widowed	Name of Wife or Husband	Gertrude Zimmerman			Father's Name	Wm Zimmerman	Mr d
Father's Name	Wm Zimmerman			Mother's Birthplace	Pa		
Mother's Maiden Name	Ann Price			How related to deceased	Wife		
Name of person giving information	Wife			27			

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

not known by me

Immediate

Potberia

How long

definite.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. Brown, M.D.
Hancock, Md.

Accident or Suicide?

